

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000003149

**Entity Name:** NATIONAL ASSOCIATION OF CIVIL LAW NOTARIES, INC.

**Current Principal Place of Business:**

1351 N. GADSDEN STREET  
TALLAHASSEE, FL 32303

**Current Mailing Address:**

P O BOX 3269  
TALLAHASSEE, FL 32215 US

**FEI Number: 59-3552914**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

KOCOUREK, TODD G  
1351 N. GADSDEN STREET  
TALLAHASSEE, FL 32303 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title D  
Name BRYANT, BILL LJR  
Address 2636 NANTUCKET LANE  
City-State-Zip: TALLAHASSEE FL 32309

Title D  
Name KOCOUREK, TODD G  
Address 1351 N GADSDEN STREET  
City-State-Zip: TALLAHASSEE FL 32303

Title D  
Name ROSENBERG, LEONARD  
Address 1000 NW 57TH COURT, SUITE 600  
City-State-Zip: MIAMI FL 33126

Title D  
Name GRAINGER, CHARLES EJ.R.  
Address 4220 CARMICHAEL CT., N.  
City-State-Zip: MONTGOMERY AL 36106

Title D  
Name WILLIG, DAVID  
Address 2837 SW 3RD AVE  
City-State-Zip: MIAMI FL 33129

Title D  
Name NEIWIRTH, RONALD  
Address 200 S. BISCAYNE BLVD., SUITE 4300  
City-State-Zip: MIAMI FL 33131

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: TODD G. KOCOUREK**

**DIRECTOR**

**01/07/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date