

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P21000073606

**FILED**  
**Apr 30, 2023**  
**Secretary of State**  
**1692358937CC**

**Entity Name:** NATIONAL COMMUNITY DEVELOPMENT CORPORATION

**Current Principal Place of Business:**

301 WEST BAY STREET  
SUITE 1400  
JACKSONVILLE, FL 32202

**Current Mailing Address:**

450054 FLORIDA STATE ROAD 200  
BOX 1832  
CALLAHAN, FL 32011 US

**FEI Number:** 87-2476087

**Certificate of Status Desired:** Yes

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

KINMAN, ALLEN L  
450054 FLORIDA STATE ROAD 200  
BOX 1832  
CALLAHAN, FL 32011 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	PRESIDENT	Title	CHIEF EXECUTIVE OFFICER
Name	SHELTON, AMY N	Name	MCABEE, NICHOLAS A
Address	301 WEST BAY STREET SUITE 1400	Address	301 WEST BAY STREET SUITE 1400
City-State-Zip:	JACKSONVILLE FL 32202	City-State-Zip:	JACKSONVILLE FL 32202
Title	CHIEF OPERATIONS OFFICER	Title	CHIEF BUSINESS OFFICER
Name	KINMAN, ALLEN L	Name	GIVARZ, JAY H
Address	301 WEST BAY STREET SUITE 1400	Address	301 WEST BAY STREET SUITE 1400
City-State-Zip:	JACKSONVILLE FL 32202	City-State-Zip:	JACKSONVILLE FL 32202
Title	CHIEF CONSTRUCTION OFFICER	Title	CHIEF FINANCIAL OFFICER
Name	MACABEE, NICHOLAS A	Name	ELLIOTT, KEITH R
Address	301 WEST BAY STREET SUITE 1400	Address	301 WEST BAY STREET SUITE 1400
City-State-Zip:	JACKSONVILLE FL 32202	City-State-Zip:	JACKSONVILLE FL 32202
Title	CHIEF SAFETY OFFICER	Title	SECRETARY
Name	PROCTOR, HORACE P. A.	Name	SHELTON, AMY N
Address	301 WEST BAY STREET SUITE 1400	Address	301 WEST BAY STREET SUITE 1400
City-State-Zip:	JACKSONVILLE FL 32202	City-State-Zip:	JACKSONVILLE FL 32202

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ALLEN L KINMAN

**COO**

**04/30/2023**

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

\_\_\_\_\_  
Date