FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 13 PM 2:15

DOCUMENT # F93000000806 (0)

1. Corporation Name
NATIONAL COMMUNITY CORPORATION

Principal Place of Business	Mailing Address
3932 RCA BLVD., SUITE 3206 PALM BEACH GARDENS FL 33410	3932 RCA BLVD., SUITE 3206 PALM BEACH GARDENS FL 33410

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/17/1993
3a. Date of Last Report: 02/03/1994
4. FEI Number: 39-1621969 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

TRIMBLE, LARRY
150 ARROWHEAD CIRCLE
JUPITER FL 33458

10. Name and Address of New Registered Agent

81 Name: Lynn Trimble
82 Street Address (P.O. Box Number is Not Acceptable): 150 Arrowhead Circle
83
84 City: Jupiter FL 85 Zip Code: 33458

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature] 2/8/95
(Original signature of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CP	1.1 TITLE	☒ Change	☐ Addition
NAME	SYKES, LYNN	1.2 NAME	Lynn Trimble	
STREET ADDRESS	150 ARROWHEAD CIRCLE	1.3 STREET ADDRESS		
CITY-ST-ZIP	JUPITER FL 33458	1.4 CITY-ST-ZIP		
TITLE	T	2.1 TITLE	☐ Change	☐ Addition
NAME	KRISIK, JAMES	2.2 NAME		
STREET ADDRESS	917 CARTER ST	2.3 STREET ADDRESS		
CITY-ST-ZIP	GENOA CITY WI 53128	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE	☐ Change	☐ Addition
NAME	CAROLINE, HOLLANDER	3.2 NAME		
STREET ADDRESS	10230 HUNT CLUB DR	3.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS FL 33910	3.4 CITY-ST-ZIP		
TITLE	V	4.1 TITLE	☐ Change	☐ Addition
NAME	TRIMBLE, LARRY	4.2 NAME	NONE	
STREET ADDRESS	150 ARROWHEAD CIRCLE	4.3 STREET ADDRESS		
CITY-ST-ZIP	JUPITER FL 33458	4.4 CITY-ST-ZIP		
TITLE	T	5.1 TITLE	☐ Change	☐ Addition
NAME	KRISIK, STEVE	5.2 NAME		
STREET ADDRESS	P.O. BOX 14 N/A	5.3 STREET ADDRESS		
CITY-ST-ZIP	GENOA CITY WI 53128	5.4 CITY-ST-ZIP		
TITLE	S	6.1 TITLE	☐ Change	☐ Addition
NAME	JOE, KRISSK	6.2 NAME		
STREET ADDRESS	1621 MULLEN WAY	6.3 STREET ADDRESS		
CITY-ST-ZIP	ARKKANSAS KA	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lynn Trimble 2/8/95 407-625-9031
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0011325