

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

Change of Address

2. Principal Place of Business

2a. Mailing Address

21 150 Arrowhead Cir

26 P.O. Box 8571

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State
Jupiter, FL

City & State
Jupiter, FL

Zip
33458

Country
D.S.A.

Zip
33468

Country
USA
Palm Beach

3. Date Incorporated or Qualified
03/17/1993

3a. Date of Last Report
02/13/1995

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TRIMBLE, LYNN
150 ARROWHEAD CIRCLE
JUPITER FL 33458

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Lynn Trimble
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

2/14/96
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CP ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME TRIMBLE, LYNN
STREET ADDRESS 150 ARROWHEAD CIRCLE
CITY-ST-ZIP JUPITER FL

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE T ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME KRISIK, JAMES
STREET ADDRESS 917 CARTER ST
CITY-ST-ZIP GENOA CITY WI 53128

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME CAROLINE, HOLLANDER
STREET ADDRESS 10230 HUNT CLUB DR
CITY-ST-ZIP PALM BEACH GARDENS FL 33910

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE V ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME TRIMBLE, LARRY
STREET ADDRESS 150 ARROWHEAD CIRCLE
CITY-ST-ZIP JUPITER FL 33458

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE T ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME KRISIK, STEVE
STREET ADDRESS P O BOX 14 N/A
CITY-ST-ZIP GENOA CITY WI

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE S ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME JOE, KRISIK
STREET ADDRESS 1621 MULLEN WAY
CITY-ST-ZIP ARKANSAS KA

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

S
JOE KRISIK, Joe

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)(k), 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, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/96
Date

407
745-1779
Daytime Phone #

CR2E037 (12/95)