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Feb 06 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

150 ARROWHEAD CIRCLE
JUPITER FL 33458
US

Mailing Address

P.O. BOX 8571
JUPITER FL 33488-8571
US



3. Date Incorporated or Qualified
03/17/1993

3a. Date of Last Report
02/21/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

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

TRIMBLE, LYNN
150 ARROWHEAD CIRCLE
JUPITER FL 33458

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CP ☐ DELETE
NAME TRIMBLE, LYNN
STREET ADDRESS 150 ARROWHEAD CIRCLE
CITY-ST-ZIP JUPITER FL

TITLE T ☒ DELETE
NAME KRISIK, JAMES
STREET ADDRESS 917 CARTER ST
CITY-ST-ZIP GENOA CITY WI 53128

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

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

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

TITLE S ☐ DELETE
NAME KRISIK, JOE
STREET ADDRESS 1621 MULLEN WAY
CITY-ST-ZIP ARKANSAS KA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☒ Addition
2.2 NAME Jan Krisik
2.3 STREET ADDRESS 1621 mullen way
2.4 CITY-ST-ZIP ARKANSAS Ka 67005

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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:

Sandra B. Mortham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/97

561
745-1779

Daytime Phone # 0044222

CR2E037 (9/96)