## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F93000000806

FILED Feb 13, 2006 Secretary of State

**Entity Name: NATIONAL COMMUNITY CORPORATION** 

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
17772 BRII JUPITER, I		US			
Current Mailing Address:			New Maili	New Mailing Address:	
P.O.BOX 8 JUPITER, I		US			
FEI Number:	39-1621969	FEI Number Applied For ( )	FEI Number Not Appl	icable ( ) Certificate of Status Desired ( )	
Name and	Address of	Current Registered Agent:	Name and	Address of New Registered Agent:	
TRIMBLE, 17772 BRII JUPITER, I	DLE LANE	US			
	named entit of Florida.	y submits this statement for the pu	rpose of changing it	ts registered office or registered agent, or both,	
SIGNATUF					
	Electr	onic Signature of Registered Agen	t	Date	
OFFICERS	AND DIRE	CTORS:	ADDITION	IS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CP TRIMBLE, LY 17772 BRIDI JUPITER, FL	LE LANE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D KRISIK, JAN 1621 MULLE ARKKANSAS	N WAY	Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition KRISIK, KIM 5638 SE AVALON DRIVE STUART, FL 34997	
Title: Name: Address: City-St-Zip:	V TRIMBLE, LA 17772 BRIDI JUPITER, FL	LE LANE	Title: Name: Address: City-St-Zip:	V (X) Change ( ) Addition CLEVELAND, DIANE 17851 BRIDLE LANE JUPITER, FL 33478	
Title: Name: Address: City-St-Zip:	T KRISIK, STE P O BOX 14 GENOA CITY	N/A	Title: Name: Address: City-St-Zip:	T (X) Change ( ) Addition CLEVELAND, DIANE 17851 BRIDLE LANE JUPTIER, FL 33478	
Title: Name: Address: City-St-Zip:	S KRISIK, JOE 1621 MULLE ARKKANSAS	N WAY	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D CLEVELAND 17851 BRIDI JUPITER, FL	E LANE	Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition TRIMBLE, LYNN M 17772 BRIDLE LANE JUPTIER, FL 33478	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LYNN TRIMBLE P 02/13/2006