


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90048 015 ****61.25

DOCUMENT # F93000000806 1. Entity Name NATIONAL COMMUNITY CORPORATION	
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Principal Place of Business 17772 BRIDLE LANE JUPITER, FL 33478 US	Mailing Address P.O. BOX 8571 JUPITER, FL 33468 US
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DO NOT WRITE IN THIS SPACE

60028736



02182007 No Chg-NP CR2E037 (4/06)

4. FEI Number 39-1621969	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**TRIMBLE, LYNN
17772 BRIDLE LANE
JUPITER, FL 33478**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	CP TRIMBLE, LYNN 17772 BRIDLE LANE JUPITER, FL 33478
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KRISIK, KIM 5638 SE AVALON DRIVE STUART, FL 34997
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V CLEVELAND, DIANE 17851 BRIDLE LANE JUPITER, FL 33478
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T CLEVELAND, DIANE 17851 BRIDLE LANE JUPTIER, FL 33478
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S KRISIK, JOE 1621 MULLEN WAY ARKKANSAS, KA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TRIMBLE, LYNN M 17772 BRIDLE LANE JUPTIER, FL 33478

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **3/20/07** _____
Day/Mo/Yr Phone #