2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008
Secretary of State

DOCUMENT# F93000000806

Entity Name: NATIONAL COMMUNITY CORPORATION

Current Principal Place of Business:

17772 BRIDLE LANE
JUPITER, FL 33478 US

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 8571
JUPITER, FL 33468 US

New Mailing Address:

FEI Number: 39-1621969 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TRIMBLE, LYNN
17772 BRIDLE LANE
JUPITER, FL 33478 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	CP	( ) Delete
Name:	TRIMBLE, LYNN	
Address:	17772 BRIDLE LANE	
City-St-Zip:	JUPITER, FL 33478	
Title:	D	( ) Delete
Name:	KRISIK, KIM	
Address:	5638 SE AVALON DRIVE	
City-St-Zip:	STUART, FL 34997	
Title:	V	( ) Delete
Name:	CLEVELAND, DIANE	
Address:	17851 BRIDLE LANE	
City-St-Zip:	JUPITER, FL 33478	
Title:	T	( ) Delete
Name:	CLEVELAND, DIANE	
Address:	17851 BRIDLE LANE	
City-St-Zip:	JUPTIER, FL 33478	
Title:	S	( ) Delete
Name:	KRISIK, JOE	
Address:	1621 MULLEN WAY	
City-St-Zip:	ARKKANSAS, KA	
Title:	D	( ) Delete
Name:	TRIMBLE, LYNN M	
Address:	17772 BRIDLE LANE	
City-St-Zip:	JUPTIER, FL 33478	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify 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 PRES 03/28/2008

Electronic Signature of Signing Officer or Director — Date