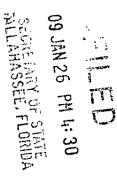
F93000000806

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	5
Special Instructions to Filing Officer:	

Office Use Only



300141581143



01/26/09--01031--013 **70.00

Offlesson Theuri 2-3-09

COVER LETTER

Amendment Section Division of Corporations

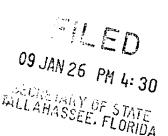
TO:

SUBJECT: NATIONAL COMMUNITY CORPORATION (Name of Corporation) DOCUMENT NUMBER: F 9300000806
DOCUMENT NUMBER: F 9300000 806
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
(Name of Person)
(Name of Firm/Company)
17851 Bridle Ln (Address)
(City/State and Zip Code)
For further information concerning this matter, please call:
Oigre Cleveland at (56) 262 - 795/ (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



I,	Oiona	Chulona	hereby resign as Vice Resident (Title)	Treasaver
of	·	National (Name of	Community Corporation	
	F93000 (Document N	000 80 (c umber, if known)	, a corporation organized under the laws of the State of	
	Flori	da		

FILING FEE IS \$35.00

(Signature of resigning officer/director)

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314