2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N0000003601

RT FILED Nov 27, 2007 Secretary of State

Entity Name: NAMC COMMUNITY DEVELOPMENT CORPORATION

Current Principal Place of Business: New Principal Place of Business:

5923 NORWOOD AVE 10650 HAVERFORD ROAD JACKSONVILLE, FL 32208 JACKSONVILLE, FL 32218 US

Current Mailing Address: New Mailing Address:

5923 NORWOOD AVE 10650 HAVERFORD ROAD JACKSONVILLE, FL 32208 JACKSONVILLE, FL 32218

FEI Number: 59-3652286 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

TRUITT, WILLIAM J WILLIAM, BAREFIELD E
5923 NORWOOD AVE 10650 HAVERFORD ROAD
JACKSONVILLE, FL 32208 US JACKSONVILLE, FL 32218 US

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: WILLIAM E. BAREFIELD 11/27/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P
 () Delete
 Title:
 P
 (X) Change () Addition

 Name:
 TRUITT, WILLIAM J
 Name:
 BAREFIELD, WILLIAM J

 Address:
 5923 NORWOOD AVENUE
 Address:
 3771 HARBOR CREEK CT

 City-St-Zip:
 JACKSONVILLE, FL 32224 US

Title: D () Delete Title: VP (X) Change () Addition

Name: DUKES, WALTER E Name: TRUITT, WILLIAM

 Address:
 VAF PO BOX 115703 FINE ARTS
 Address:
 451 MONUMENT ROAD #205

 City-St-Zip:
 GAINESVILLE, FL 32611
 City-St-Zip:
 JACKSONVILLE, FL 32226 US

 Title:
 D
 () Delete
 Title:
 T
 (X) Change () Addition

Name:HASSAN, YAHYAName:LEONARD, DERRICKAddress:5923 NORWOOD AVENUEAddress:7719 LAZEAU DRIVE

City-St-Zip: JACKSONVILLE, FL 32208 City-St-Zip: JACKSONVILLE, FL 32226 US

Title: () Delete Title: S () Change (X) Addition

Name: Name: ALLEN, OMEGA
Address: Address: 1474 ELSA DRIVE

City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32218 US

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: LARRY LAMAR LEONARD ED 11/27/2007