2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0000003601

FILED Aug 21, 2008 Secretary of State

Entity Name: NAMC COMMUNITY DEVELOPMENT CORPORATION

Current Pi	incipal Place of Business:	New Principal Place of Business:
10650 HAV	ERFORD ROAD	10650 HAVERFORD ROAD
JACKSON'	VILLE, FL 32218 US	#5 JACKSONVILLE, FL 32218 US
		,
Current M	ailing Address:	New Mailing Address:
	ERFORD ROAD	10650 HAVERFORD ROAD
JACKSON'	VILLE, FL 32218	#5 JACKSONVILLE, FL 32218 US
	59-3652286 FEI Number Applied For () FEI Number with s. 607.193(2)(b), F.S., the corporation did not receive	umber Not Applicable () Certificate of Status Desired (X)
	Address of Current Registered Agent:	Name and Address of New Registered Agent:
10650 HÁV	BAREFIELD E ÆRFORD ROAD VILLE, FL 32218 US	
	named entity submits this statement for the purpose of Florida.	of changing its registered office or registered agent, or both,
n the State	of Florida.	of changing its registered office or registered agent, or both,
n the State	of Florida.	of changing its registered office or registered agent, or both, Date
n the State SIGNATUF	of Florida. RE:	
n the State	e of Florida. RE:	Date
n the State SIGNATUF DFFICERS itle: lame:	e of Florida. RE: Electronic Signature of Registered Agent S AND DIRECTORS: P () Delete BAREFIELD, WILLIAM J	Date ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR Title: () Change () Addition Name:
n the State SIGNATUF DFFICERS itle: lame: .ddress:	e of Florida. RE: Electronic Signature of Registered Agent S AND DIRECTORS: P () Delete BAREFIELD, WILLIAM J 3771 HARBOR CREEK CT	Date ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR Title: () Change () Addition Name: Address:
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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: WILLIAM BAREFIELD PRES 08/21/2008