

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003601

FILED
Apr 29, 2009
Secretary of State

Entity Name: NAMC COMMUNITY DEVELOPMENT CORPORATION

Current Principal Place of Business:

10650 HAVERFORD ROAD
5
JACKSONVILLE, FL 32218 US

New Principal Place of Business:

Current Mailing Address:

10650 HAVERFORD ROAD
5
JACKSONVILLE, FL 32218 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

WILLIAM, BAREFIELD E
10650 HAVERFORD ROAD
JACKSONVILLE, FL 32218 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: P () Delete
Name: BAREFIELD, WILLIAM J
Address: 3771 HARBOR CREEK CT
City-St-Zip: JACKSONVILLE, FL 32224 US

Title: VP () Delete
Name: TRUITT, WILLIAM
Address: 451 MONUMENT ROAD #205
City-St-Zip: JACKSONVILLE, FL 32226 US

Title: T () Delete
Name: LEONARD, DERRICK
Address: 7719 LAZEAU DRIVE
City-St-Zip: JACKSONVILLE, FL 32226 US

Title: S () Delete
Name: ALLEN, OMEGA
Address: 1474 ELSA DRIVE
City-St-Zip: JACKSONVILLE, FL 32218 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: JACKSON, TED
Address: 17170 EAGLE BEND BLVD.
City-St-Zip: JACKSONVILLE, FL 32226 US

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: LARRY LEONARD

ED

04/29/2009

Electronic Signature of Signing Officer or Director

Date