FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

DOCUMENT # **N31153** **(2)**

1995 MAY -1 PM 4:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-05/17/95--01144--012
*****68.75 *****68.75
DO NOT WRITE IN THIS SPACE

1. Corporation Name

OCALA COMMUNITY CONCERT ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3400 SE 45TH ST. OCALA FL 34480	3400 SE 45TH ST. OCALA FL 34480

3. Date Incorporated or Qualified: **03/13/1989**

3a. Date of Last Report: **04/22/1994**

4. FEI Number: **NOT APPLICABLE** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21

2a. Mailing Address
26 15001 N.E. 248th Ave.

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

City & State
23 ~~Orcala Florida 34471~~

City & State
28 Salt Springs, Fla. 32134

Zip
24 ~~34436~~

Country
25 ~~USA~~

Zip
29

Country
30 USA

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CRISWELL, MRS. GROVER C.
15001 NE 248TH AVENUE RD.
FT. MCCOY FL 32637

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE May 1995
Signature, type(s) or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☑ Change ☐ Addition
NAME	ROBERTSON, NANCY E.	12 NAME	President: Lewis Myers
STREET ADDRESS	1758 SE 8TH ST	13 STREET ADDRESS	1414 S. E. 14th Ave./ Ocala, Fl. 34471
CITY-ST-ZIP	OCALA FL	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☑ Change ☐ Addition
NAME	MYERS, LEWIS O.	22 NAME	Vice President: Nancy Ellis Robertson
STREET ADDRESS	1414 SE 14TH AVE	23 STREET ADDRESS	1758 S. E. 8th Street
CITY-ST-ZIP	OCALA FL	24 CITY-ST-ZIP	Ocala, Fla. 34471
TITLE	VD	31 TITLE	☑ Change ☐ Addition
NAME	REEVES, LIB	32 NAME	second VP Fran Falvey
STREET ADDRESS	2224 SE 5TH ST	33 STREET ADDRESS	4210 N.E. 13th St
CITY-ST-ZIP	OCALA FL	34 CITY-ST-ZIP	Ocala, Fla. 34470
TITLE	SD	41 TITLE	☐ Change ☑ Addition
NAME	BURTON, WESLEY	42 NAME	
STREET ADDRESS	823 NE 35TH ST	43 STREET ADDRESS	34479 2-10
CITY-ST-ZIP	OCALA FL	44 CITY-ST-ZIP	
TITLE	SD	51 TITLE	☐ Change ☑ Addition
NAME	CRISWELL, DOLLY	52 NAME	
STREET ADDRESS	15001 NE 248TH AVE RD	53 STREET ADDRESS	32134-6000 2-10
CITY-ST-ZIP	SALT SPRINGS FL	54 CITY-ST-ZIP	
TITLE	S	61 TITLE	☑ Change ☐ Addition
NAME	NICHOLSON, H.R.	62 NAME	Treas: VD Audrey Carlisle/ 822 S. E. 3rd St
STREET ADDRESS	3400 S.E. 44TH AVE	63 STREET ADDRESS	~~34480~~ Ocala, Fl 34480
CITY-ST-ZIP	OCALA FL	64 CITY-ST-ZIP	

dab 5-1-95

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Nellie H. Criswell (Mrs. Grover) May 1995 904/625-2207
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

COM#140