

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N31153 (2)

1. Corporation Name

OCALA COMMUNITY CONCERT ASSOCIATION, INC.



Principal Place of Business

3400 SE 45TH ST.
OCALA FL 34480

Mailing Address

3400 SE 45TH ST.
OCALA FL 34480

3. Date Incorporated or Qualified
03/13/1989

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

Same as before

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME MYERS, LEWIS
STREET ADDRESS 1414 S.E. 14TH AVE.
CITY-ST-ZIP Ocala FL 34471

11 TITLE PRESIDENT
12 NAME Nancy Ellis Robertson
13 STREET ADDRESS 1758 S. E. 8th Street
14 CITY-ST-ZIP Ocala, Fla. 34471

TITLE VP
NAME ROBERTSON, NANCY F
STREET ADDRESS 1758 S.E. 8TH ST.
CITY-ST-ZIP Ocala FL 34471

21 TITLE FIRST VP
22 NAME Joseph Fleming
23 STREET ADDRESS 2147 N E 7th St
24 CITY-ST-ZIP Ocala Fl. 34470

TITLE 2ND
NAME FALVEY, FRAN
STREET ADDRESS 4210 N.E. 13TH ST.
CITY-ST-ZIP Ocala FL

31 TITLE SECOND VP
32 NAME Lib Reeves (Mrs. Steve)
33 STREET ADDRESS 2224 S. E. 5th Street
34 CITY-ST-ZIP Ocala, Fla. 34471

TITLE SD
NAME BURTON, WESLEY
STREET ADDRESS 823 NE 35TH ST
CITY-ST-ZIP Ocala FL 34479

41 TITLE TREAS:
42 NAME Mr. L. E. Johnson
43 STREET ADDRESS 4541 N.E. 4th Street
44 CITY-ST-ZIP Ocala, Fla. 34470

TITLE SD
NAME CRISWELL, DOLLY
STREET ADDRESS 15001 NE 248TH AVE RD
CITY-ST-ZIP SALT SPRINGS FL 32134-6000

51 TITLE
52 NAME
53 STREET ADDRESS 200001779672
54 CITY-ST-ZIP 01/15/96-01025-042

TITLE TD
NAME CARLISLE, AUDREY
STREET ADDRESS 822 S.E. 3RD ST.
CITY-ST-ZIP Ocala FL 34480

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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)(k), 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 the name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Nellie H. Criswell (Mrs. Grover)

DATE

Daytime Phone #

CR2E037 (12/95)