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Jan 30 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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 Mailing Address
3400 SE 45TH ST. 3400 SE 45TH ST.
OCALA FL 34480 Ocala FL 34480-9311

3. Date Incorporated or Qualified 03/13/1989 3a. Date of Last Report 04/12/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	NOT APPLICABLE	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Country	29 Country	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.
FT. MCCOY FL 32837

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 title if applicable) (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ROBERTSON, NANCY E	1.1 TITLE	
NAME	1758 S.E. 8TH STREET	1.2 NAME	
STREET ADDRESS	OCALA FL 34471	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	1VP FLEMING, JOSEPH	2.1 TITLE	
NAME	2147 N E 7TH ST	2.2 NAME	
STREET ADDRESS	OCALA FL 34470	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	2VP REEVES, LIB	3.1 TITLE	
NAME	2224 S.E. 5TH STREET	3.2 NAME	
STREET ADDRESS	OCALA FL 34470	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	SD BURTON, WESLEY	4.1 TITLE	
NAME	823 NE 35TH ST	4.2 NAME	
STREET ADDRESS	OCALA FL 34479	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	SD CRISWELL, DOLLY	5.1 TITLE	
NAME	15001 NE 248TH AVE RD	5.2 NAME	
STREET ADDRESS	SALT SPRINGS FL 32134-6000	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	T JOHNSON, L E	6.1 TITLE	
NAME	4541 N.E. 4TH STREET	6.2 NAME	
STREET ADDRESS	OCALA FL 34470	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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.

CR2E037 (9/96)