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Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N31153** (2)
1. Corporation Name

OCALA COMMUNITY CONCERT ASSOCIATION, INC.



Principal Place of Business	Mailing Address
3400 SE 45TH ST. OCALA FL 34490	3400 SE 45TH ST. OCALA FL 34480

3. Date Incorporated or Qualified

03/13/1989

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

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

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 32637**

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 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	ROBERTSON, NANCY E	
STREET ADDRESS	1758 S.E. 8TH STREET	
CITY-ST-ZIP	OCALA FL 34471	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	1VP	<input type="checkbox"/> DELETE
NAME	FLEMING, JOSEPH	
STREET ADDRESS	2147 N E 7TH ST	
CITY-ST-ZIP	OCALA FL 34470	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

TITLE	2VP	<input type="checkbox"/> DELETE
NAME	REEVES, LIB	
STREET ADDRESS	2224 S.E. 5TH STREET	
CITY-ST-ZIP	OCALA FL 34470	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	BURTON, WESLEY	
STREET ADDRESS	823 NE 35TH ST	
CITY-ST-ZIP	OCALA FL 34479	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	CRISWELL, DOLLY	
STREET ADDRESS	15001 NE 248TH AVE RD	
CITY-ST-ZIP	SALT SPRINGS FL 32134-6000	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

TITLE	T	<input type="checkbox"/> DELETE
NAME	JOHNSON, L E	
STREET ADDRESS	4541 N.E. 4TH STREET	
CITY-ST-ZIP	OCALA FL 34470	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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.

SIGNATURE: L. E. JOHNSON, TREAS. 1-30-98 (352) 694-6371

CR2E037 (10/97)