

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90088 041 ****61.25

DOCUMENT #

1. Corporation Name

OCALA COMMUNITY CONCERN ASSOCIATION, INC.

Principal Place of Business

1758 SE 8th ST
OCALA, FL 34471

Mailing Address

1758 SE 8th ST
OCALA, FL 34471

556524-90088-41

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

MARCH 13, 1989

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

59-1723405

Not Applicable

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

Nancy Ellis Robertson

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

1758 SE 8th ST

83

84 City

OCALA

FL

85 Zip Code

34471

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 Nancy Ellis Robertson

4-21-99

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 ☐ DELETE

NAME Nancy Ellis Robertson
STREET ADDRESS 1758 SE 8th ST
CITY-ST-ZIP OCALA FL 34471

TITLE ☐ DELETE

NAME Joe Fleming
STREET ADDRESS 2147 NE 7th ST
CITY-ST-ZIP OCALA, FL 34470

TITLE ☐ DELETE

NAME Grace Sibler
STREET ADDRESS 64 ALMOND PASS DRIVE
CITY-ST-ZIP OCALA FL 34472

TITLE ☐ DELETE

NAME Helen Egan
STREET ADDRESS 1758 SE 8th ST
CITY-ST-ZIP OCALA, FL 34471

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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, with all other like empowered.

SIGNATURE: Nancy Ellis Robertson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-99 352 622 7719
Date Daytime Phone #

CR2E037 (11/98)