

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 13, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N31153**

1. Entity Name  
**OCALA COMMUNITY CONCERT ASSOCIATION, INC.**



Principal Place of Business      Mailing Address  
2224 SE 5TH STREET      2224 SE 5TH STREET  
OCALA, FL 34471 US      Ocala, FL 34471 US



07012005 No Chg-NP      CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
**59-1723405**      Not Applicable

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

**6. Name and Address of Current Registered Agent**

REEVES, LIB  
2224 SE 5TH STREET  
OCALA, FL 34471

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE: *Lib Reeves*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

*July 12 - 05*

**Filing Fee is \$61.25  
Due by September 7, 2005**

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

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME REEVES, LIB  
STREET ADDRESS 2224 SE 5TH STREET  
CITY-ST-ZIP Ocala, FL 34471

TITLE VDD  
NAME BOND, DEB  
STREET ADDRESS 4861 SE 17TH ST  
CITY-ST-ZIP Ocala, FL 34471

TITLE TD  
NAME CHAPPELL, MARGUERITE  
STREET ADDRESS 1910 S E 12TH STREET  
CITY-ST-ZIP Ocala, FL 34471

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000372491  
07/13/05-80003-003 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lib Reeves*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*July 12 - 05*  
Date      Daytime Phone #