


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2006 8:00 am
Secretary of State


05-02-2006 90145 008 ****61.25

DOCUMENT # N31153	
1. Entity Name OCALA COMMUNITY CONCERT ASSOCIATION, INC.	

Principal Place of Business 2224 SE 5TH STREET OCALA FL 34471 US	Mailing Address 2224 SE 5TH STREET OCALA FL 34471 US
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2. Principal Place of Business 4861 SE. 17th St.	3. Mailing Address 4861 SE. 17th St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Ocala, Florida	City & State Ocala, Florida
Zip 34471	Zip 34471
Country Marion	Country Marion

	
1st MOORE	CR2E037 (10/05)
4. FEI Number 59-1723405	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent REEVES, LIB 2224 SE 5TH STREET OCALA FL 34471	
7. Name and Address of New Registered Agent Name Bond, Deb Street Address (P.O. Box Number is Not Acceptable) 4861 S.E. 17th St. Ocala City FL Zip Code 34471	

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 Deb Bond - President <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE 4/23/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REEVES, LIB 2224 SE 5TH STREET OCALA FL 34471 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Bond, Deb 4861 S.E. 17th St. Ocala, Florida 34471 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDD BOND, DEB 4861 SE 17TH ST OCALA FL 34471 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDD Hammar, Pam 680 S.W. 89th Ter. Ocala, Florida 34481 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CHAPPELL, MARGUERITE 1910 S E 12TH STREET OCALA FL 34471 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Deb Bond	4/23/06 (352)694-4544