2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# N31153

Entity Name: OCALA COMMUNITY CONCERT ASSOCIATION, INC.

Current Principal Place of Business:

4861 SE. 17TH ST
OCALA, FL 34471 US

New Principal Place of Business:

Current Mailing Address:

4861 SE. 17TH ST
OCALA, FL 34471 US

New Mailing Address:

FEI Number: 59-1723405 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOND, DEB
4861 S.E. 17TH ST.
OCALA, FL 34471 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BOND, DEB
Address: 4861 S.E. 17TH ST.
City-St-Zip: OCALA, FL 34471

Title: V ( ) Delete
Name: HAMMAR, PAM
Address: 680 S.W. 89TH TER.
City-St-Zip: OCALA, FL 34481

Title: S ( ) Delete
Name: BRODY, ELIZABETH
Address: 8772 SE 136TH PL
City-St-Zip: SUMMERFIELD, FL 34491

Title: T ( ) Delete
Name: CHAPPELL, MARGUERITE
Address: 1910 SE 12TH ST
City-St-Zip: OCALA, FL 34471

Title: C ( ) Delete
Name: LIVSEY, PAT
Address: 10860 SE 52ND AVE
City-St-Zip: BELLEVIEW, FL 34420

Title: T ( ) Delete
Name: CHAPPELL, MARJESTIC T
Address: 1910 S.E. 12TH ST.
City-St-Zip: OCALA, FL 34471

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEB BOND PD 04/23/2009

Electronic Signature of Signing Officer or Director — Date