

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90343 012 \*\*\*\*61.25

**DOCUMENT # N32134**

1. Entity Name

ACT IV-OCALA CIVIC THEATRE, INC.



Principal Place of Business

4337 E. SILVER SPRINGS BLVD.  
OCALA FL 34470-5001

Mailing Address

4337 E SILVER SPRINGS BLVD.  
OCALA FL 34470-5001  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/04)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILSON, ROBERT C  
11671 SE 174TH LOOP  
SUMMERFIELD FL 34491

Name

NANCY R. BERISH

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

9300E S.W. 90th COURT

City

OCALA

FL

Zip Code

34481

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 NANCY R. BERISH, TREASURER

Signature, typed or printed name of registered agent and title if applicable

Nancy R. Berish

(NOTE: Registered Agent signature required when reinstating)

4/24/05

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete  
NAME VONTESMAR, ELIZABETH  
STREET ADDRESS 2126 SE 51ST AVENUE  
CITY-ST-ZIP Ocala FL 34471

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Delete  
NAME ZIEGLER, CHRIS  
STREET ADDRESS 220 SE 48TH CT.  
CITY-ST-ZIP Ocala FL 34471-3378

TITLE ☐ Change ☒ Addition  
NAME D. MARVEL MOSTELLER  
STREET ADDRESS 1911 NW 50th AVENUE  
CITY-ST-ZIP Ocala, FL 34482

TITLE D ☐ Delete  
NAME BERISH, NANCY  
STREET ADDRESS 9300 ST SW 90TH COURT  
CITY-ST-ZIP Ocala FL 34481

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME DOUGLAS, CARLA  
STREET ADDRESS 4224 SE 64TH AVE. RD.  
CITY-ST-ZIP Ocala FL 34472

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Delete  
NAME WILSON, ROBERT C  
STREET ADDRESS 11671 SE 174TH LOOP  
CITY-ST-ZIP SUMMERFIELD FL 34491-7834

TITLE ☐ Change ☒ Addition  
NAME D. MERITA STORMZANA  
STREET ADDRESS 8201 S.W. 108th Place Road  
CITY-ST-ZIP Ocala, FL 34481

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: Nancy Berish

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/05

Date

(352) 873-6366

Daytime Phone #