

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32134

FILED
Apr 14, 2009
Secretary of State

Entity Name: ACT IV-OCALA CIVIC THEATRE, INC.

Current Principal Place of Business:

4337 E. SILVER SPRINGS BLVD.
OCALA, FL 344705001

New Principal Place of Business:

Current Mailing Address:

4337 E SILVER SPRINGS BLVD.
OCALA, FL 344705001 US

New Mailing Address:

4337 E. SILVER SPRINGS BLVD.
OCALA, FL 344705001

FEI Number: 59-2932322

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BERISH, NANCY R
9300 E SW 90TH CRT
OCALA, FL 34481 US

Name and Address of New Registered Agent:

MARION PLAYERS, INC.
4337 E. SILVER SPRINGS BLVD.
OCALA, FL 34470 US

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: MARY H. BRITT

04/14/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: NELSON, MAXINE
Address: 1777 NE 16 PLACE
City-St-Zip: Ocala, FL 34470

Title: VD () Delete
Name: SHERMAN, JOHN P.A.
Address: 5065 SE 41 AVE.
City-St-Zip: Ocala, FL 34480

Title: TD () Delete
Name: MORING, SUSAN
Address: 4010 SE SE 20 ST
City-St-Zip: Ocala, FL 34471

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SHERMAN, JOHN P A.
Address: 5065 SE 41ST AVE.
City-St-Zip: Ocala, FL 34480

Title: VD (X) Change () Addition
Name: NELSON, MAXINE
Address: 1777 NE 16TH PLACE
City-St-Zip: Ocala, FL 34470

Title: TD (X) Change () Addition
Name: MORING, SUSAN
Address: 4010 SE SE 20 ST
City-St-Zip: Ocala, FL 34471

Title: SD () Change (X) Addition
Name: MURPHY, MELODY
Address: 2417 SE 5TH CIRCLE #3
City-St-Zip: Ocala, FL 34471

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: SUSAN G. MORING

TREA

04/14/2009

Electronic Signature of Signing Officer or Director

Date