

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32134

FILED  
Apr 29, 2010  
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

**New Mailing Address:**

FEI Number: 59-2932322

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MARION PLAYERS, INC.  
4337 E. SILVER SPRINGS BLVD.  
OCALA, FL 34470 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  
Name: SHERMAN, JOHN P A.  
Address: 5065 SE 41ST AVE.  
City-St-Zip: Ocala, FL 34480

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

Title: TD  
Name: KOHLWEISS, LOIS  
Address: 278 MARION OAKS DRIVE  
City-St-Zip: Ocala, FL 34473

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

I hereby 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 all other like empowered.

SIGNATURE: LOIS ANN KOHLWEISS

TD

04/29/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date