

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N02000009021

1. Entity Name  
GOVERNOR'S WEST OCALA NEIGHBORHOOD  
REVITALIZATION COUNCIL, INC.



FILED

04 DEC -7 PM 4:12

Principal Place of Business  
405 SE OSCEOLA AVENUE  
OCALA, FL 34471

Mailing Address  
405 SE OSCEOLA AVENUE  
OCALA, FL 34471

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business  
233 SW 3rd Street

3. Mailing Address  
Post Office Box 2468

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07142004 Chg-NP CR2E037 (10/03)

City & State  
Ocala, FL

City & State  
Ocala, FL

4. FEI Number  
35-2190938

Applied For  
Not Applicable

Zip  
34474

Country  
USA

Zip  
34478-2468

Country

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WATERS, LUZONIA  
13676 NW 52ND CT RD  
REDDICK, FL 32686

7. Name and Address of New Registered Agent

Name TiJuana Jenkins Woods

Street Address (P.O. Box Number is Not Acceptable)  
233 SW 3rd Street

City Ocala

FL Zip Code  
34474

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

*TiJuana Jenkins Woods*

TiJuana Jenkins Woods

July 14, 2004

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by September 8, 2004

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

TITLE PD ☐ Delete  
NAME WATERS, LUZONIA  
STREET ADDRESS 13676 NW 52ND CT. RD.  
CITY-ST-ZIP REDDICK, FL 32686

TITLE VD ☐ Delete  
NAME JENKINS-WOODS, TIJUANA  
STREET ADDRESS PO BOX 2468  
CITY-ST-ZIP OCALA, FL 34478

TITLE TD ☐ Delete  
NAME HAYNES, NARVELLA  
STREET ADDRESS 3200 SE 17TH STREET  
CITY-ST-ZIP OCALA, FL 34474

TITLE SD ☐ Delete  
NAME DUPREE, HERBERT C  
STREET ADDRESS 306 NW 7TH AVE  
CITY-ST-ZIP OCALA, FL 34471

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE President ☒ Change ☐ Addition  
NAME TiJuana Jenkins Woods  
STREET ADDRESS 233 SW 3rd Street  
CITY-ST-ZIP Ocala, FL 34474

TITLE VP ☒ Change ☐ Addition  
NAME Virginia Grant  
STREET ADDRESS Post Office Box 2422  
CITY-ST-ZIP Ocala, FL 34478

TITLE TD ☒ Change ☐ Addition  
NAME Scott Hackmyer  
STREET ADDRESS 1108 Martin Luther King, Jr. Avenue  
CITY-ST-ZIP Ocala, FL 34475

TITLE Sec ☒ Change ☐ Addition  
NAME Charlena Kinsler  
STREET ADDRESS Post Office Box 5582  
CITY-ST-ZIP Ocala, FL 34478

TITLE ☐ Change ☐ Addition  
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:

*TiJuana Jenkins Woods*

TiJuana Jenkins Woods

July 14, 2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #