

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAY -3 AM 7:47

DOCUMENT # N02000009021



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

Principal Place of Business
233 SW 3RD STREET
OCALA, FL 34474

Mailing Address
POST OFFICE BOX 2468
OCALA, FL 34478-2468

1/12/05 01046 016 \$61.25



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02232005 Chg:NP- CR2E037 (10/03)

City & State

City & State

4. FEI Number
35-2190938

Applied For
Not Applicable

Zip

Country

Zip

Country

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

WOODS, TIJUANA J
233 SW 3RD STREET
OCALA, FL 34474

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$81.25
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	P	<input type="checkbox"/> Delete
NAME	WOODS, TIJUANA J	
STREET ADDRESS	233 SW 3RD STREET	
CITY- ST- ZIP	OCALA, FL 34474	
TITLE	V	<input type="checkbox"/> Delete
NAME	GRANT, VIRGINIA	
STREET ADDRESS	POST OFFICE BOX 2422	
CITY- ST- ZIP	OCALA, FL 34478	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HACKMYER, SCOTT	
STREET ADDRESS	1108 MARTIN LUTHER KING, JR. AVENUE	
CITY- ST- ZIP	OCALA, FL 34475	
TITLE	S	<input type="checkbox"/> Delete
NAME	KINSLER, CHARLENA	
STREET ADDRESS	POST OFFICE BOX 5582	
CITY- ST- ZIP	OCALA, FL 34478	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY- ST- ZIP	
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CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tijuana Jenkins Woods

March 2, 2005

(352) 369-2636 ext 242

Date

Daytime Phone