

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009021

FILED
Mar 09, 2006
Secretary of State

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

Current Principal Place of Business:

233 SW 3RD STREET
OCALA, FL 34474

New Principal Place of Business:

C/O OCALA HOUSING AUTHORITY
1629 NW 4TH STREET
OCALA, FL 34475

Current Mailing Address:

POST OFFICE BOX 2468
OCALA, FL 344782468

New Mailing Address:

C/O OCALA HOUSING AUTHORITY
1629 NW 4TH STREET
OCALA, FL 344782468

FEI Number: 35-2190938

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

WOODS, TIJUANA J PRES
1629 NW 4TH STREET
OCALA, FL 34475 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: TIJUANA JENKINS WOODS

03/09/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WOODS, TIJUANA J
Address: 233 SW 3RD STREET
City-St-Zip: OCALA, FL 34474

Title: V () Delete
Name: GRANT, VIRGINIA
Address: POST OFFICE BOX 2422
City-St-Zip: OCALA, FL 34478

Title: TD () Delete
Name: HACKMYER, SCOTT
Address: 1108 MARTIN LUTHER KING, JR. AVENUE
City-St-Zip: OCALA, FL 34475

Title: S () Delete
Name: KINSLER, CHARLENA
Address: POST OFFICE BOX 5582
City-St-Zip: OCALA, FL 34478

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: WOODS, TIJUANA J
Address: 1629 NW 4TH STREET
City-St-Zip: OCALA, FL 34475

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: RAYMOND, DON DR.
Address: 1900 SW 5TH STREET
City-St-Zip: OCALA, FL 34474

Title: S (X) Change () Addition
Name: TIWARI, ANEASH
Address: POST OFFICE BOX 5582
City-St-Zip: OCALA, FL 34478

I hereby certify that the information supplied with this filing does not qualify for the 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: TIJUANA JENKINS WOODS

PRES

03/09/2006

Electronic Signature of Signing Officer or Director

Date