2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009021

FILED Feb 13, 2007 Secretary of State

Certificate of Status Desired ()

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

Current Principal Place of Business:

C/O OCALA HOUSING AUTHORITY 1629 NW 4TH STREET

OCALA, FL 34475

Current Mailing Address: New Mailing Address:

C/O OCALA HOUSING AUTHORITY 1629 NW 4TH STREET

OCALA, FL 344782468

WOODS, TIJUANA J PRES

1629 NW 4TH STREET

in the State of Florida.

FEI Number: 35-2190938 FEI Number Applied For ()

FEI Number Applied For () FEI Number Not Applicable ()

C/O CITY OF OCALA COMMUNITY PROGRAMS

C/O CITY OF OCALA COMMUNITY PROGRAMS

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

HAGINS, DENNIS DR. 612 NW 4TH PLACE OCALA, FL 34475 US

New Principal Place of Business:

151 SE OSCEOLA AVENUE

POST OFFICE BOX 1270

OCALA, FL 344781270

OCALA, FL 34470

OCALA, FL 34475 US OCALA, FL 34475 US

SIGNATURE: DR. DENNIS HAGINS 02/13/2007

Electronic Signature of Registered Agent Date

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both,

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: PRES () Delete Title: PRES (X) Change () Addition

 Name:
 WOODS, TIJUANA J
 Name:
 HAGINS, DENNIS DR.

 Address:
 1629 NW 4TH STREET
 Address:
 612 NW 4TH PLACE

 City-St-Zip:
 OCALA, FL 34475
 City-St-Zip:
 OCALA, FL 34475

Title: V () Delete Title: () Change () Addition

 Name:
 GRANT, VIRGINIA
 Name:

 Address:
 POST OFFICE BOX 2422
 Address:

 City-St-Zip:
 OCALA, FL 34478
 City-St-Zip:

Title: TD () Delete Title: () Change () Addition

 Name:
 RAYMOND, DON DR.
 Name:

 Address:
 1900 SW 5TH STREET
 Address:

 City-St-Zip:
 OCALA, FL 34474
 City-St-Zip:

Name: TIWARI, ANEASH Name: WATERS, LUZONIA

Address: POST OFFICE BOX 5582 Address: 13676 NW 52ND COURT ROAD

 City-St-Zip:
 OCALA, FL 34478
 City-St-Zip:
 REDDICK, FL 32686

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: DR. DENNIS HAGINS PRES 02/13/2007