

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009021

FILED
Jan 08, 2008
Secretary of State

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

Current Principal Place of Business:

C/O CITY OF OCALA COMMUNITY PROGRAMS
151 SE OSCEOLA AVENUE
OCALA, FL 34470

New Principal Place of Business:

Current Mailing Address:

C/O CITY OF OCALA COMMUNITY PROGRAMS
POST OFFICE BOX 1270
OCALA, FL 344781270

New Mailing Address:

FEI Number: 35-2190938

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAGINS, DENNIS DR.
612 NW 4TH PLACE
OCALA, FL 34475 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: PRES () Delete
Name: HAGINS, DENNIS DR.
Address: 612 NW 4TH PLACE
City-St-Zip: OCALA, FL 34475

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

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

Title: S () Delete
Name: WATERS, LUZONIA
Address: 13676 NW 52ND COURT ROAD
City-St-Zip: REDDICK, FL 32686

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change () Addition
Name: WOODS, TIJUANA J
Address: POST OFFICE BOX 2468
City-St-Zip: OCALA, FL 34475

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

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

I hereby certify that the information supplied with this filing does not qualify 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

V

01/08/2008

Electronic Signature of Signing Officer or Director

_____ Date