2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009021

FILED Jaņ 30, 2<u>00</u>9 Secretary of State

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

Current Principal Place of Business:

New Principal Place of Business:

C/O CITY OF OCALA COMMUNITY PROGRAMS

C/O HOWARD ACADEMY SAFE HAVEN

151 SE OSCEOLA AVENUE

Current Mailing Address:

306 NW 7TH AVENUE OCALA, FL 34475

OCALA, FL 34470

New Mailing Address:

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

OCALA, FL 344781270

FEI Number: 35-2190938

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

WOODS, TIJUANA J 7801 NW 90TH AVENUE OCALA, FL 34482

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

01/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition

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

WOODS, TIJUANA J Name: Address: 7801 NW 90TH AVENUE City-St-Zip: OCALA, FL 34482

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

Title: (X) Change () Addition Name: HAYNES, NARVELLA Address: 3200 SE 17TH STREET City-St-Zip: OCALA, FL 34471

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

Title: (X) Change () Addition WATERS, LUZONIA Name:

13676 NW 52ND COURT ROAD Address:

City-St-Zip: REDDICK, FL 32686

Title: () Delete WATERS, LUZONIA Name:

(X) Change () Addition Title:

Address: 13676 NW 52ND COURT ROAD City-St-Zip: REDDICK, FL 32686

DAILEY, JUNE 1508 NW 19TH AVENUE Address: City-St-Zip: OCALA, FL 34475

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.

Name:

SIGNATURE: TIJUANA JENKINS WOODS

PRES

01/30/2009

Electronic Signature of Signing Officer or Director

Date