

2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90039 041 ****61.25

DOCUMENT # N99000005065

1. Entity Name
**WEST SIDE DEVELOPMENT COOPERATIVE OF OCALA
NONPROFIT, INC.**



Principal Place of Business
**706 S.W. MARTIN LUTHER KING AVENUE
OCALA, FL 34474**

Mailing Address
**706 S.W. MARTIN LUTHER KING AVENUE
OCALA, FL 34474**

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2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02032004

Chg-NP

CR2E037 (10/03)

4. FEI Number
59-3585284

Applied For
Not Applicable

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

**BROWN, F. L.
706 S.W. MARTIN LUTHER KING AVENUE
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 \$61.25
Due by May 1, 2004

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 PD ☐ Delete
NAME **BROWN, F. L.**
STREET ADDRESS **3850 S.E. 22ND AVENUE**
CITY-ST-ZIP **OCALA, FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME **LANGSTON, LILLIE M**
STREET ADDRESS **2301 NW 24 RD**
CITY-ST-ZIP **OCALA, FL 32625**

TITLE ☒ Change ☐ Addition
NAME **Secretary**
STREET ADDRESS **Langston, Lillie M**
CITY-ST-ZIP **2301 NW 24th Road**
OCALA, FL 34475

TITLE T ☐ Delete
NAME **BROWN, ANGELA**
STREET ADDRESS **2301 NW 24TH ROAD**
CITY-ST-ZIP **OCALA, FL 344754813**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME **VIVIAN, BRADDAN-JEAN**
STREET ADDRESS **2190 NE 35TH STREET**
CITY-ST-ZIP **OCALA, FL 34479**

TITLE ☒ Change ☐ Addition
NAME **D**
STREET ADDRESS **Brannan-Jean, Vivian**
CITY-ST-ZIP **2190 NE 35th Street**
OCALA, FL 34479

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: **Vivian Brannan-Jean**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/29/04 (352) 840-0820
Date Daytime Phone #