

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N99000005065

FILED
Oct 05, 2006
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-3585284 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BROWN, F. L.
706 S.W. MARTIN LUTHER KING AVENUE
OCALA, FL 34474 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: BROWN, FL

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BROWN, F. L.
Address: 3850 S.E. 22ND AVENUE
City-St-Zip: OCALA, FL

Title: S () Delete
Name: LANGSTON, LILLIE M
Address: 2301 NW 24 RD
City-St-Zip: OCALA, FL 34475

Title: T () Delete
Name: BROWN, ANGELA
Address: 2301 NW 24TH ROAD
City-St-Zip: OCALA, FL 344754813

Title: D () Delete
Name: BRANNAN, VIVIAN
Address: 2190 NE 35TH STREET
City-St-Zip: OCALA, FL 34479

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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: BROWN, F. L.

OWNE

10/05/2006

Electronic Signature of Signing Officer or Director

Date