

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90133 013 \*\*\*\*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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

**FILE NOW: FEE IS \$61.25**

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

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

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

TITLE **T** ☐ Delete  
NAME **BROWN, ANGELA**  
STREET ADDRESS **2301 NW 24TH ROAD**  
CITY-ST-ZIP **OCALA FL 34475-4813**

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

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 Brannen-Jean** (Director) 01/22/03 352-840-0820

CR2E037 (10/02)