

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2004 08:00 AM -
Secretary of State

DOCUMENT # F03000004419

1. Entity Name
GOSHEN COLLEGE, INC.



Principal Place of Business

1700 S MAIN ST.
GOSHEN, IN 46526

Mailing Address

1700 S MAIN ST.
GOSHEN, IN 46526

DO NOT WRITE IN THIS SPACE



03102004 No Chg-NP CR2E037 (10/03)

4. FEI Number
35-2158366

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BROWN, PATRICIA
3205 SOUTHGATE CIRCLE
SARASOTA, FL 34239

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IN THIS SPACE**

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

U00000094292
03/22/04-80053-018 61.25

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	MILLER, VIRGIL
STREET ADDRESS	22494 COUNTY RD B
CITY- ST- ZIP	ARCHBOLD, OH 43502
TITLE	VC
NAME	BONTRAGER, ERVIN
STREET ADDRESS	1106 SPRING BROOKE DR
CITY- ST- ZIP	GOSHEN, IN 46528
TITLE	P
NAME	SHOWALTER, SHIRLEY H
STREET ADDRESS	1401 ELMHURST COURT
CITY- ST- ZIP	GOSHEN, IN 46526
TITLE	VP
NAME	YORDY, JOHN D
STREET ADDRESS	2110 S MAIN ST.
CITY- ST- ZIP	GOSHEN, IN 46526
TITLE	ST
NAME	HISTAND, JAMES L
STREET ADDRESS	63109 CR 1
CITY- ST- ZIP	GOSHEN, IN 46526
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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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: *James L. Histand* James L. Histand 3/17/04 574-525-7456
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #