

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000004419

FILED
Jan 31, 2005
Secretary of State

Entity Name: GOSHEN COLLEGE, INC.

Current Principal Place of Business:

1700 S MAIN ST.
GOSHEN, IN 46526

New Principal Place of Business:

Current Mailing Address:

1700 S MAIN ST.
GOSHEN, IN 46526

New Mailing Address:

FEI Number: 35-2158366

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, PATRICIA
3205 SOUTHGATE CIRCLE
SARASOTA, FL 34239 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: MILLER, VIRGIL
Address: 22494 COUNTY RD B
City-St-Zip: ARCHBOLD, OH 43502

Title: VC () Delete
Name: BONTRAGER, ERVIN
Address: 1106 SPRING BROOKE DR
City-St-Zip: GOSHEN, IN 46528

Title: P () Delete
Name: SHOWALTER, SHIRLEY H
Address: 1401 ELMHURST COURT
City-St-Zip: GOSHEN, IN 46526

Title: VP () Delete
Name: YORDY, JOHN D
Address: 2110 S MAIN ST.
City-St-Zip: GOSHEN, IN 46526

Title: ST () Delete
Name: HISTAND, JAMES L
Address: 63109 CR 1
City-St-Zip: GOSHEN, IN 46526

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: P (X) Change () Addition
Name: YORDY, JOHN D
Address: 2110 S MAIN ST
City-St-Zip: GOSHEN, IN 46526

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 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 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: JAMES L HISTAND

ST

01/31/2005

Electronic Signature of Signing Officer or Director

Date