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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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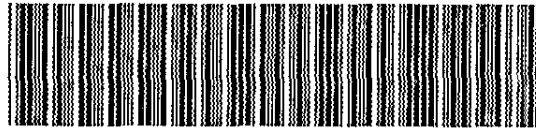
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OK 2/19

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: The Goshen Center For Restoration and Healing, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee &
Certificate of
Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Eldon DeWitt, Ph.D.

Name (Printed or typed)

1557 Cesery Blvd.

Address

Jacksonville, Florida 32211

City, State & Zip

904-743-9094

Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In Compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be:

The Goshen Center For Restoration And Healing, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

1557 Cesery Blvd.
Jacksonville, Florida 32211

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Develope a Restoration Center for Men and Women in crisis.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

Officers were elected by appointed Directors.

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

List name(s), address(es) and specific title(s):

Eldon DeWitt, Ph.D., 2044 Sprinkle Dr. Jax., Fl. 32211 - President
Patricia Ann DeWitt, 2044 Sprinkle Dr. Jax., Fl. 32211-Treasury
Ryan Meaux, 1911 Sprinkle Dr. Jax., Fl. 32211- Officer
Lynne Stanfield, 1227 Baybreeze Dr. Jax., Fl.32225 - Officer

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the registered agent is:

Eldon DeWitt, Ph.D.
2044 Sprinkle Dr.
Jacksonville, Florida 32211

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Eldon DeWitt, Ph.D.
2044 Sprinkle Dr.
Jacksonville, florida 32211

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TALLAHASSEE, FLORIDA

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

Eldon DeWitt Ph.D.
Signature/Registered Agent

2/12/04
Date

Eldon DeWitt Ph.D.
Signature/Incorporator

2/12/04
Date