


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N04000001715</b> 1. Entity Name <b>THE GOSHEN CENTER FOR RESTORATION AND HEALING, INC.</b>	
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Principal Place of Business <b>1557 CESERY BLVD. JACKSONVILLE, FL 32211</b>	Mailing Address <b>1557 CESERY BLVD. JACKSONVILLE, FL 32211</b>
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**DO NOT WRITE IN THIS SPACE**



01152007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>33-1116387</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  
  
**DEWITT, ELDON  
2044 SPRINKLE DR.  
JACKSONVILLE, FL 32211**

**DO NOT WRITE  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P DEWITT, ELDON 2044 SPRINKLE DR. JACKSONVILLE, FL 32211</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T DEWITT, PATRICIA A 2044 SPRINKLE DR. JACKSONVILLE, FL 32211</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>O MEAUX, RYAN 1911 SPRINKLE DR. JACKSONVILLE, FL 32211</b>
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U00000720857  
05/01/07-80121-020 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Patricia A. DeWitt 4-11-07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #