2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# N04000001715

Entity Name: THE GOSHEN CENTER FOR RESTORATION AND HEALING, INC.

Current Principal Place of Business:

1557 CESERY BLVD.
JACKSONVILLE, FL 32211

New Principal Place of Business:

1555 CESERY BLVD.
JACKSONVILLE, FL 32211

Current Mailing Address:

1557 CESERY BLVD.
JACKSONVILLE, FL 32211

New Mailing Address:

1555 CESERY BLVD.
JACKSONVILLE, FL 32211

FEI Number: 33-1116387 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DEWITT, ELDON
2044 SPRINKLE DR.
JACKSONVILLE, FL 32211 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: P ( ) Delete
Name: DEWITT, ELDON
Address: 2044 SPRONKLE DR.
City-St-Zip: JACKSONVILLE, FL 32211

Title: T ( ) Delete
Name: DEWITT, PATRICIA A
Address: 2044 SPRINKLE DR.
City-St-Zip: JACKSONVILLE, FL 32211

Title: O ( ) Delete
Name: MEAUX, RYAN
Address: 803 BARBADOS
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change ( ) Addition
Name: MEAUX, RYAN
Address: 803 BARBADOS
City-St-Zip: JACKSONVILLE, FL 32216

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: PATRICIA DEWITT T 04/20/2009

Electronic Signature of Signing Officer or Director — Date