

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004562

FILED  
May 01, 2006  
Secretary of State

Entity Name: GOSHEN SAFE HAVEN, INC.

**Current Principal Place of Business:**

8330 N MISSIONWOOD CIR - # B-23  
MIRAMAR, FL 33025

**New Principal Place of Business:**

**Current Mailing Address:**

8330 N MISSIONWOOD CIR - # B-23  
MIRAMAR, FL 33025

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

CLARK, SYLVIA  
3600 VAN BUREN ST  
# 310  
HOLLYWOOD, FL US

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: PD ( ) Delete  
Name: PIERRE, JENNY  
Address: 8330 N MISSIONWOOD CIR - # B-23  
City-St-Zip: MIRAMAR, FL 33025

Title: VPD ( ) Delete  
Name: GREENE, ANGELA  
Address: 6756 PINES BLVD  
City-St-Zip: PEMBROKE PIENS, FL 33023

Title: STD ( ) Delete  
Name: RENVILLE, JASON  
Address: 7140 CORAL BLVD  
City-St-Zip: MIRAMAR, FL 33023

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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 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: JENNY PIERRE

PD

05/01/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date