


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90244 044 \*\*\*\*61.25

<b>DOCUMENT # N06000011803</b> 1. Entity Name <b>GOHJA, INC.</b>					
Principal Place of Business <b>5100 DOUBLE R LANE OVIEDO, FL 32765</b>			Mailing Address <b>5100 DOUBLE R LANE OVIEDO, FL 32765</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>20-8165331</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>PRICE, PAMELA O 301 E PINE STREET SUITE 1400 ORLANDO, FL 32801</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>VENNETT, MELISSA V</b> <b>370 WOODSTEAD CR</b> <b>LONGWOOD, FL 32779</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP</b> <b>GELLEIN, JACQUE</b> <b>5100 DOUBLE R LN</b> <b>OVIEDO, FL 32765</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T</b> <b>BRISTOL, MICHAEL</b> <b>574 HARDWOOD PL</b> <b>LAKE MARY, FL 32746</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Treasurer</b> <b>Charlotte Ray</b> <b>5027 Gramont Ave</b> <b>Orlando, FL 32812</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SC</b> <b>TROCANO, WENDY</b> <b>5752 ROCKING HORSE RD</b> <b>ORLANDO, FL 32817</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SR</b> <b>BRISTOL, HEATHER</b> <b>574 HARDWOOD PL</b> <b>LAKE MARY, FL 32746</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SP</b> <b>MEDLOCK, JENNIFER</b> <b>2439 ROYAL RD</b> <b>DELAND, FL 32724</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> <u>Charlotte Ray</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/30/08 407-341-1881 <small>Date Daytime Phone #</small>		