

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011803

FILED
Apr 30, 2009
Secretary of State

Entity Name: GOHJA, INC.

Current Principal Place of Business:

5100 DOUBLE R LANE
OVIEDO, FL 32765

New Principal Place of Business:

Current Mailing Address:

5100 DOUBLE R LANE
OVIEDO, FL 32765

New Mailing Address:

FEI Number: 20-8165331

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRICE, PAMELA O
301 E PINE STEREET SUITE 1400
ORLANDO, FL 32801 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: VENNETT, MELISSA V
Address: 370 WOODSTEAD CR
City-St-Zip: LONGWOOD, FL 32779

Title: VP () Delete
Name: GELLEIN, JACQUE
Address: 5100 DOUBLE R LN
City-St-Zip: OVIEDO, FL 32765

Title: SC () Delete
Name: TROCANO, WENDY
Address: 5752 ROCKING HORSE RD
City-St-Zip: ORLANDO, FL 32817

Title: SR () Delete
Name: BRISTOL, HEATHER
Address: 574 HARDWOOD PL
City-St-Zip: LAKE MARY, FL 32746

Title: SP () Delete
Name: MEDLOCK, JENNIFER
Address: 2439 ROYAL RD
City-St-Zip: DELAND, FL 32724

Title: () Delete
Name:
Address:
City-St-Zip:

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:

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

Title: SP (X) Change () Addition
Name: KELLAR, LAUREN
Address: 2415 FLORIDA AVE
City-St-Zip: OVIEDO, FL 32765

Title: T () Change (X) Addition
Name: RAY, CHARLOTTE
Address: 5027 GRAMONT AVE
City-St-Zip: ORLANDO, FL 32812

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: CHARLOTTE RAY

T

04/30/2009

Electronic Signature of Signing Officer or Director

Date