


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2007 08:00 AM
Secretary of State

DOCUMENT # N28891 1. Entity Name GOLAN ASSEMBLY OF GOD, INC.	
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Principal Place of Business C/O JAMES E. PAUL 6612 HWY. 189 N. BAKER, FL 32531	Mailing Address C/O JAMES E. PAUL 6612 HWY. 189 N. BAKER, FL 32531
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DO NOT WRITE IN THIS SPACE



01102007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2262815	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PAUL, JAMES E
6618 HWY 189N
HIGHWAY 189
BAKER, FL 32531

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUBOSE, ROBBIE 1465 HWY C-180 BAKER, FL 32531
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAWSON, EOLA POB 68 BAKER, FL 32531
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PAUL, JAMES E. 6618 HWY 189 N. BAKER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ABLES, NATHAN 1619 HWY C 180 BAKER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/29/07-80024-019 61.25

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IN THIS SPACE**

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: Robbie DuBose / Robbie DuBose Sec/Treas. **3-15-07** **(PSP) 537-3043**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #