

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N28891

**FILED**  
**Apr 21, 2011**  
**Secretary of State**

**Entity Name:** GOLAN ASSEMBLY OF GOD, INC.

**Current Principal Place of Business:**

C/O JEFFERY SOWELL  
6612 HWY. 189 N.  
BAKER, FL 32531

**New Principal Place of Business:**

**Current Mailing Address:**

C/O JEFFERY SOWELL  
6612 HWY. 189 N.  
BAKER, FL 32531

**New Mailing Address:**

**FEI Number:** 59-2262815

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SOWELL, JEFFERY T REV.  
6618 HWY 189N  
HIGHWAY 189  
BAKER, FL 32531 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: ST  
Name: MADDEN, SUE  
Address: 2328 DEWEY MADDEN CIR.  
City-St-Zip: BAKER, FL 32531

Title: D  
Name: LAWSON, EOLA  
Address: POB 68  
City-St-Zip: BAKER, FL 32531

Title: REV  
Name: SOWELL, JEFFERY T  
Address: 6618 HWY 189 N.  
City-St-Zip: BAKER, FL

Title: D  
Name: BARFIELD, JACK  
Address: DAN BARNES RD  
City-St-Zip: BAKER, FL 32531

Title: D  
Name: BRANNING, MARVIN  
Address: PO BOX 316  
City-St-Zip: BAKER, FL 32531

Title: D  
Name: MCCLELAND, REX  
Address: 1261 JOHN RILEY BARNHILL RD.  
City-St-Zip: BAKER, FL 32531

I hereby 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 all other like empowered.

SIGNATURE: JEFFERY SOWELL

REV

04/21/2011

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

\_\_\_\_\_  
Date