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FILED
Jan 23 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N08437** (8)

1. Corporation Name

MISSIONARY ENCOURAGERS, INC.



Principal Place of Business

Mailing Address

13843 LONGS LANDING ROAD EAST
~~50 N. LAURA STREET~~
JACKSONVILLE FL 32225
US

13843 LONGS LANDING ROAD E
~~50 N. LAURA STREET~~
JACKSONVILLE FL 32225
US

3. Date Incorporated or Qualified

03/29/1985

4. FEI Number

59-2518673

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

28

Suite, Apt. #, etc.

22

Delete 2nd line above

27

Same

23

City & State

28

City & State

24

Zip

Country

29

Zip

Country

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HESTER, C. SCOTT
13843 LONGS LANDING ROAD EAST
~~50 N. LAURA STREET~~
JACKSONVILLE FL 32225

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

Delete Second line as indicated

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

DP

☐ DELETE

NAME

HESTER, DR. JOSEPH P.

STREET ADDRESS

1101 HIDDEN COVE

CITY - ST - ZIP

SALEM SC 29676

TITLE

DV

☐ DELETE

NAME

HESTER, MARJORIE B.

STREET ADDRESS

1101 HIDDEN COVE

CITY - ST - ZIP

SALEM SC 29676

TITLE

DS

☐ DELETE

NAME

HESTER, C. SCOTT

STREET ADDRESS

13843 LONGS LANDING ROAD EAST

CITY - ST - ZIP

JACKSONVILLE FL 32225

TITLE

D

☒ DELETE

NAME

STEELE, WM. ROBERT

STREET ADDRESS

1875 MARBETTA HIGHWAY

CITY - ST - ZIP

DALLAS GA

TITLE

DT

☐ DELETE

NAME

WARD, JAMES

STREET ADDRESS

416 E. HOLLY HILL ROAD

CITY - ST - ZIP

THOMASVILLE NC

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change

☐ Addition

☐ Change

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☐ Addition

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☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

C. Scott Hester

11-122 (9-4) 221-3429

CR2E037 (10/97)