

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2001 8:00 am**  
**Secretary of State**

0012580

**DOCUMENT # N08437**

1. Entity Name

**MISSIONARY ENCOURAGERS, INC.**

Principal Place of Business

**13843 LONGS LANDING ROAD EAST  
 JACKSONVILLE FL 32225  
 US**

Mailing Address

**13843 LONGS LANDING ROAD E  
 JACKSONVILLE FL 32225  
 US**

00035397



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2518673**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HESTER, C. SCOTT  
 13843 LONGS LANDING RD E  
 JACKSONVILLE FL 32225**

Name

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

City

**FL**

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

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

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☐ Delete  
 NAME **HESTER, DR. JOSEPH P.**  
 STREET ADDRESS **1101 HIDDEN COVE**  
 CITY-ST-ZIP **SALEM SC 29676**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **DV** ☐ Delete  
 NAME **HESTER, MARJORIE B.**  
 STREET ADDRESS **1101 HIDDEN COVE**  
 CITY-ST-ZIP **SALEM SC 29676**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **DS** ☐ Delete  
 NAME **HESTER, C. SCOTT**  
 STREET ADDRESS **13843 LONGS LANDING ROAD EAST**  
 CITY-ST-ZIP **JACKSONVILLE FL 32225**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **DT** ☐ Delete  
 NAME **WARD, JAMES**  
 STREET ADDRESS **416 E. HOLLY HILL ROAD**  
 CITY-ST-ZIP **THOMASVILLE NC 27360**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. 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 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:

*(Signature of Joseph P. Hester)*

15 MAR 201

864 944 5626

Date

Daytime Phone #

CR2E037 (10/00)