

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08437

FILED
Feb 22, 2008
Secretary of State

Entity Name: MISSIONARY ENCOURAGERS, INC.

Current Principal Place of Business:

13843 LONGS LANDING ROAD EAST
JACKSONVILLE, FL 32225 US

New Principal Place of Business:

Current Mailing Address:

13843 LONGS LANDING ROAD E
JACKSONVILLE, FL 32225 US

New Mailing Address:

FEI Number: 59-2518673

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HESTER, C. SCOTT
13843 LONGS LANDING RD E
JACKSONVILLE, FL 32225 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: DP () Delete
Name: HESTER, DR. JOSEPH P, .
Address: 1101 HIDDEN COVE
City-St-Zip: SALEM, SC 29676

Title: DV () Delete
Name: HESTER, MARJORIE B.,
Address: 1101 HIDDEN COVE
City-St-Zip: SALEM, SC 29676

Title: DS () Delete
Name: HESTER, C. SCOTT,
Address: 13843 LONGS LANDING ROAD EAST
City-St-Zip: JACKSONVILLE, FL 32225

Title: DT () Delete
Name: STEELE, W. ROBERT,
Address: 960 NOTTINGHAM ROAD
City-St-Zip: HIGH POINT, NC 27262

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:

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: JOSEPH P HESTER

DP

02/22/2008

Electronic Signature of Signing Officer or Director

Date