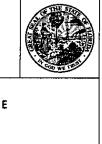
2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N08437

1. Entity Name

MISSIONARY ENCOURAGERS, INC.



FILED Feb 12, 2003 8:00 am Secretary of State 02-12-2003 90100 047 ****61.25

Principal Place of Business		Mailing Address						
13843 LONGS LANDING ROAD EAST JACKSONVILLE FL 32225 US		13843 LONGS LANDING ROAD E JACKSONVILLE FL 32225 US		,				
2. Principal F	Place of Business	3. Mailing Address					(1 8 78)(1 7 88) 8 48) 1 88	
				I JUDIJIAN BIJ URTI	II 1911: 41009 11111 1001 E1011 01 6 11		II EION HOO	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES				
City & State		City & State		4. FEI Number 59-2518673 Applied F		pplied For ot Applicable		
Zip	Country	Zip	Country	5. Certificate of Sta		8.75 Add	fitional	
	6. Name and Address of Current	Registered Agent		7. Name and Addr	ess of New Registered A			
		man and a second		فيتوسدن مع يعمل بيون بيدون	المعالم المن المنابع والمنابع المنابع			
HESTER, C. SCOTT			Ctroot Address	Street Address (P.O. Box Number is Not Acceptable)				
	NGS LANDING RD E		Street Addres	is (P.O. Box Number is in	ot Acceptable)			
A JACKSONVILLE FL 32225								
•			City		FL	Zip Code	э	
8. The above	named entity submits this statement for	r the purpose of changing its	reaistered office or reais	tered agent, or both, in the	he State of Florida. I am fa	<u>l</u> miliar with.	and accept	
	ions of registered agent.	, and perpado or ornanging no	regretares enree er regre		3,213 3,713,132,172,173		aria accopi	
d								
SIGNATURE .							\	
	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	: Registered Agent signature requ	ired when reinstating)	DATE			
FILE NOW: FEE IS \$61.25		9. Election Carr Trust Fund C	npaign Financing ontribution.	\$5.00 May Be Added to Fees	Make Check Florida Departr			
10.	OFFICERS AND DIF	RECTORS	11.	ADDITIONS/CHANGE	S TO OFFICERS AND DIRI	ECTORS IN	10	
TITLE	DP	□ Delete	TITLE			Change	☐ Addition	
NAME	HESTER, DR. JOSEPH P.		NAME					
STREET ADDRESS	1101 HIDDEN COVE		STREET ADDRESS				{ :	
CITY-ST-ZIP	SALEM SC 29676		CITY-ST-ZIP				j	
TITLE	DV	☐ Delete	TITLE			Change	☐ Addition	
NAME	HESTER, MARJORIE B.		NAME				,	
STREET ADDRESS	1101 HIDDEN COVE		STREET ADDRESS					
CITY-ST-ZIP	SALEM SC 29676		CITY-ST-ZIP					
-TITLE	08	n → Deleter such	- TITLE	ett i i i i i i i i i i i i i i i i i i	يسدنهيه وحمدي	- Change	☐ Addition	
NAME	HESTER, C. SCOTT		NAME					
STREET ADDRESS	13843 LONGS LANDING ROAD E	ASI	STREET ADDRESS				}	
CITY-ST-ZIP	JACKSONVILLE FL 32225		CITY-ST-ZIP					
TITLE	DT .					Change	☐ Addition	
NI N	DT	☐ Delete	TITLE			□ change		
NAME STREET ADDRESS	WARD, JAMES	☐ Delete	NAME			change	{	
STREET ADDRESS	WARD, JAMES 416 E. HOLLY HILL ROAD	☐ Delete	NAME STREET ADDRESS			change		
STREET ADDRESS CITY-ST-ZIP	WARD, JAMES		NAME STREET ADDRESS CITY-ST-ZIP			•	Addition	
STREET ADDRESS CITY-ST-ZIP	WARD, JAMES 416 E. HOLLY HILL ROAD	□ Delete □ Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE			Change	Addition	
STREET ADDRESS CITY-ST-ZIP	WARD, JAMES 416 E. HOLLY HILL ROAD		NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			•	Addition	
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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:

SMERRIAR BROWN DISEAT P. HESER

2/12/03 864 944 5626