SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $[illegible])

NONPROFIT CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 JUL -3 AM 9:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P15987 (1)

1. Corporation Name
ASSEMBLY OF GOD EXPRESSION OF MARRIAGE ENCOUNTER , INC.

Principal Place of Business	Mailing Address
1353 E SUNSHINE SPRINGFIELD MO 65804	1353 E SUNSHINE SPRINGFIELD MO 65804

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/16/1987	3a. Date of Last Report: 01/27/1994
4. FEI Number: 43-1252652	☐ Applied For ☐ Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt #, etc 22	Suite, Apt #, etc 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CARTER, WES 1707 E. BLOOMINGDALE VALRICO FL 33594	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 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 ______________________ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1 1 TITLE	☐ Change ☐ Addition
NAME	MCDONALD, JOE. D	1 2 NAME	
STREET ADDRESS	1353 E SUNSHINE	1 3 STREET ADDRESS	
CITY ST ZIP	SPRINGFIELD MO	1 4 CITY ST ZIP	
TITLE	D	2 1 TITLE	☐ Change ☐ Addition
NAME	DRAKE, JAN	2 2 NAME	
STREET ADDRESS	5590 EINOR AVE.	2 3 STREET ADDRESS	
CITY ST ZIP	ROCKFORD IL	2 4 CITY ST ZIP	
TITLE	SD	3 1 TITLE	☐ Change ☐ Addition
NAME	GARDNER, LARRY	3 2 NAME	
STREET ADDRESS	7521 VANESSA	3 3 STREET ADDRESS	
CITY ST ZIP	FT. WORTH TX	3 4 CITY ST ZIP	
TITLE	D	4 1 TITLE	☐ Change ☐ Addition
NAME	ALBIN, SKIP	4 2 NAME	
STREET ADDRESS	2255 S. 133 AVE.	4 3 STREET ADDRESS	
CITY ST ZIP	OMAHA NE 68144	4 4 CITY ST ZIP	
TITLE	D	5 1 TITLE	☐ Change ☐ Addition
NAME	ALBIN, EVELYN	5 2 NAME	
STREET ADDRESS	2255 S. 133 AVE.	5 3 STREET ADDRESS	
CITY ST ZIP	OMAHA NE 68144	5 4 CITY ST ZIP	
TITLE	D	6 1 TITLE	P/D ☒ Change ☐ Addition
NAME	DRAKE, TOM	6 2 NAME	Tom DRAKE
STREET ADDRESS	5590 EINOR DR.	6 3 STREET ADDRESS	
CITY ST ZIP	ROCKFORD IL 61108	6 4 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Joe D. McDonald 6-27-95 (417) 882-7762
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #

CR2E037 (3/95)

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