## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.26 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**NONPROFIT** CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**FILED** Aug 27 1997 8:00am Secretary of State

ASSEMBLY OF GOD EXPRESSION OF MARKINGE ENCOUNTER , INC.										
Principal Plac		_		1   <b>     </b>	(881 8/8/1/8/8/1	TITUL BLEH DI	.011 010 11 18 DT			
1353 E SUNSHINE 1353 E SUNSHINE SPRINGFIELD MO 65804 SPRINGFIELD MO 65804			5804			DO NOT WRITE IN THIS SPACE				
					F	3. Date Incorporated or Qualified		e of Last R	teport	1
						09/16/1987	0	4/24/199	96	
			failing Address			4. FEI Number			oplied For	
21		26							ot Applicable	1
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	<u> </u>	\$8.75 Additional Fee Required		
City & State		City & State				6. Election Campaign Financing	· ·	\$5.00	May Be	
23		Zip Country				Trust Fund Contribution Added to Fees				
Zip	Country	Cou	ntry		8. This corporation owes or has paid the current year Intangible					
24	9. Name and Address of Curre	29	30			Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent				
	9. Name and Adoress of Cure	aur undistaten wähit		81 Nam		IU. Name and Address of New A	agistered A	Jour .	•	1
				INAIII						ł
CARTER, WES				82 Stree	et Address	Address (P.O. Box Number is Not Acceptable)				
1707 E. BLOOMINGDALE			ļ	83						1
VALRICO	FL 33594			63						
				64 City			FL	85 Zip (	Code	İ
44 Pursuant	to the provinings of Sections 617.05	02 and 617 1508 Florid	Statutos the al	ovo pamo	od corpore	stion submite this statement for the		hanaina ii	to registered	1
office or r	to the provisions of Sections 617.05 egistered agent, or both, in the Stat-	e of Florida. Such chang	e was authorized	by the co	orporation	's board of directors. I hereby acce	purpose of c pt the appoi	ntment as	registered	
agentila I	m familiar with, and accept the oblig	gations of, Section 617.0	503, Florida Stat	utes.						1
SIGNATURE	Signature, typed or printed name of registered ag	and and date if another blo	(NOTE: Registered	doont alanat		Annual and a second sec	DATE			ĺ
12.		ND DIRECTORS	(NOTE: Hadistered	Affects afficial	ture required v	ADDITIONS/CHANGES TO OFFI		DIRECTOR	20 IM 12	6
TITLE	TD	DEL DEL		LE.	72	ADDITIONS/CHANGES TO OTT		Change	Addition	4/07
NAME	MCDONALD, JOE, D	<del></del> · ·	1,2 N/			LL WHITE	•			1
STREET ADDRESS 1353 E SUNSHINE				1.3 STREET ADDRESS 3		335 WESLEY CO	OVET			3
CITY-ST-ZIP	SPRINGFIELD MO			Y+ST-ZIP	100	LORADO SERVA	100 C	0 8	0912	Ž
TITLE	D D	DEL DEL			D	LORADO SPRIN	<del>/ [</del>	Change	Addition	2
NAME	DRAKE, JAN		2.2 NA			K WOOLDRIDGE	_			1
STREET ADDRESS	5590 EINOR AVE.			reet address		NEKLESY WAY			ļ	
CITY-ST-ZIP	ROCKFORD IL		1	TY-ST-ZIP	1 '	UISVILLE KY	40222	,	Ì	l
TITLE	SD	<b>X</b> DEL		_	3	VISUILLE, IXI	10000	Change	Addition	ĺ
NAME	GARDNER, LARRY		3.2 NA		1 200	VID GROSS	_			l
STREET ADDRESS	7621 VANESSA			REET ADDRESS	s //	20 CROTTINGER	RD		Í	1
CITY-ST-ZIP	FT. WORTH TX		1	TY-ST-ZIP	10/	AIN CITY OH	4306	4		ľ
TITLE	D	<b>⊠</b> DEL			D	7		Change	★ Addition	
NAME	ALBIN, SKIP		4.2 N	AME.	120	VE GABLE			ĺ	ĺ
STREET ADDRESS	2255 S. 133 AVE.		4.3 ST	REET ADDRESS	s Co.	81 N CHALICE L	N			ĺ
CITY-ST-ZIP	OMAHA NE 68144			Y-ST-ZIP	AN	AHEIM HILLS,	NA 9	2800	7	ĺ
TITLE	D	<b>⊠</b> DEL			7	11.3.11. 11.1-2,		Change	Addition	ĺ
NAME	ALBIN, EVELYN	•	5.2 NA		120	AN GADDY				
STREET ADDRESS	2255 S. 133 AVE.		5.3 ST	REET ADDRESS	S 2 2	04 W. HOUSTON	PL		l	ĺ
CITY-ST-ZIP	OMAHA NE 68144			Y-ST-ZIP	134	OKEN BODAN	OK ?	1401	ء ا	
TITLE	PD	☐ DEL			50	OKEN ARROW,		Change     Ch	Addition	1
NAME	DRAKE, TOM		6.2 NA			n DRAKE	_	-		
STREET ADDRESS	5590 EINOR DR.			reet address		90 EINOR DR				
CITY-ST-ZIP	ROCKFORD IL			Y-ST- <i>Ti</i> P		CK FORD IL	6110	8		
	by cartify that the information supplies	ed with this filing does n			n stated in	Section 119 07(3)(i) Florida Statute	es I further o	ertify that	the	١

I do nereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(5)(1), Florida Statutes. 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.