

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 02 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P15987 (1)**  
1. Corporation Name  
**ASSEMBLY OF GOD EXPRESSION OF MARRIAGE ENCOUNTER  
, INC.**

Principal Place of Business <b>1353 E SUNSHINE SPRINGFIELD MO 65804</b>	Mailing Address <b>1353 E SUNSHINE SPRINGFIELD MO 65804</b>
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3. Date Incorporated or Qualified

**09/16/1987**

4. FEI Number

**43-1252652**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**CARTER, WES  
1707 E. BLOOMINGDALE  
VALRICO FL 33594**

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> DELETE
NAME	<b>MCDONALD, JOE, D</b>	
STREET ADDRESS	<b>1353 E SUNSHINE</b>	
CITY-ST-ZIP	<b>SPRINGFIELD MO</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>WHITE, BILL</b>	
STREET ADDRESS	<b>38335 WESLEY CT</b>	
CITY-ST-ZIP	<b>COLORADO SPRINGS CO</b>	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>WOOLDRIDGE, RICK</b>	
STREET ADDRESS	<b>500 NICKLEBY WAY</b>	
CITY-ST-ZIP	<b>LOUISVILLE KY</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>GROSS, DAVID</b>	
STREET ADDRESS	<b>1120 CROTTINGER RD</b>	
CITY-ST-ZIP	<b>PLAIN CITY OH</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>GABLE, DAVE</b>	
STREET ADDRESS	<b>5031 N CHALICE LN</b>	
CITY-ST-ZIP	<b>ANAHEIM HILLS CA</b>	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>DRAKE, TOM</b>	
STREET ADDRESS	<b>5590 EINOR DR.</b>	
CITY-ST-ZIP	<b>ROCKFORD IL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>SD</b>
6.3 STREET ADDRESS	<b>TOM DRAKE</b>
6.4 CITY-ST-ZIP	<b>5590 EINOR DR</b> <b>ROCKFORD, IL 61108</b>

14. 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 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*

**2-23-98 (417) 882-7762**

CP2E037 (10/97)