

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90023 037 ****61.25

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DOCUMENT # P15987

1. Corporation Name

**ASSEMBLY OF GOD EXPRESSION OF MARRIAGE ENCOUNTER
, INC.**

Principal Place of Business

**1353 E SUNSHINE
SPRINGFIELD MO 65804**

Mailing Address

**1353 E SUNSHINE
SPRINGFIELD MO 65804**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

3. Date Incorporated or Qualified

09/16/1987

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

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **TD
MCDONALD, JOE, D**
STREET ADDRESS **1353 E SUNSHINE**
CITY-ST-ZIP **SPRINGFIELD MO**

1.1 TITLE ☐ Change ☐ Addition

NAME **D** ☐ DELETE

STREET ADDRESS **WHITE, BILL**
CITY-ST-ZIP **38335 WESLEY CT**
COLORADO SPRINGS CO

1.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **PD**
STREET ADDRESS **WOOLDRIDGE, RICK**
CITY-ST-ZIP **500 NICKLEBY WAY**
LOUISVILLE KY

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **D**
STREET ADDRESS **GROSS, DAVID**
CITY-ST-ZIP **1120 CROTCHER RD**
PLAIN CITY OH

2.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **D**
STREET ADDRESS **GABLE, DAVE**
CITY-ST-ZIP **5031 N CHALICE LN**
ANAHEIM HILLS CA

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **SD**
STREET ADDRESS **DRAKE, TOM**
CITY-ST-ZIP **5590 ELNOR DR**
ROCKFORD IL 61108

5.1 TITLE ☐ Change ☐ Addition

TITLE ☒ DELETE

NAME **SD**
STREET ADDRESS **John Pyper**
CITY-ST-ZIP **157 Alta Drive**
Munroe Falls, OH 44262

6.1 TITLE ☐ Change ☒ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-99

Date

417 882-7762

Daytime Phone #

CR2E037 (11/98)