

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90018 023 ****61.25

DOCUMENT # P15987

1. Entity Name

ASSEMBLY OF GOD EXPRESSION OF MARRIAGE ENCOUNTER

Principal Place of Business

Mailing Address

1353 E SUNSHINE
SPRINGFIELD MO 65804

1353 E SUNSHINE
SPRINGFIELD MO 65804-1143

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

43-1252652

Applied For

Not Applied For

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

CARTER, WES
1707 E. BLOOMINGDALE
VALRICO FL 33594

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WHITE, BILL
38335 WESLEY CT
COLORADO SPRINGS CO ☐ Delete

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
PYPER, JOHN
157 ALTA DR
MUNROE FALLS OH 44262 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 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:

JOHN M. PYPER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-00

Date

417-882-7762

Daytime Phone #