FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Feb 01, 2001 8:00 am DOCUMENT # P15987 **Secretary of State** 1. Entity Name ASSEMBLY OF GOD EXPRESSION OF MARRIAGE ENCOUNTER 02-01-2001 90103 001 ****61.25 Principal Place of Business Mailing Address 1353 E SUNSHINE 1353 E SUNSHINE SPRINGFIELD MO 65804 SPRINGFIELD MO 65804 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 43-1252652 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired . Fee Required 6. Name and Address of Current Registered Agent. 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) CARTER, WES 1707 E. BLOOMINGDALE VALRICO FL 33594 Zip Code FL 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) **FILE NOW:** 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution. **FEE IS \$61.25** Added to Fees **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS TITLE ▼ Addition TITLE Delete ☐ Channe PD MCDONALD, JOE, D NAME NAME Russell Wood STREET ADDRESS 1353 E SUNSHINE STREFT ADDRESS 576 N Trout Dr CITY-ST-ZIP CITY-ST-ZIP SPRINGFIELD MO Sanger, CA 93657 Addition TITLE ☐ Delete ~ | Change TITLE WHITE, BILL Brian Gaddy NAME NAME STREET ADDRESS 38335 WESLEY CT STREET ADDRESS 2804 W. Houston Pl CITY-ST-ZIP CITY-ST-ZIP.~ COLORADO: SPRINGS CO: Broken-Arrow OK 74012~ ☑ Delete ☐ Change TITI F D TITL F ✓ Addition WOOLDRIDGE, RICK NAME Keith-Butler NAME STREET ADDRESS P. O. Box 507 STREET ADDRESS **500 NICKLEBY WAY** CITY-ST-ZIP CITY-ST-ZIP LOUISVILLE KY Berryville, AR 72616 ★ Addition TITLE Delete ■ Delete TITLE ☐ Change GROSS, DAVID NAME NAME Dave Cundiff STREET ADDRESS STREET ADDRESS 1120 CROTTINGER RD 10459 N. Meridian CITY-ST-ZIP CITY-ST-ZIP PLAIN CITY OH Valley Center, KX 67147 Addition ☐ Delete TITLE TITLE ☐ Change NAME GABLE, DAVE NAME Jummy Shierling STREET ADDRESS STREET ADDRESS 5031 N CHALICE LN 9740 Whitesville Rd CITY-ST-ZIP CITY-ST-ZIP ANAHEIM HILLS CA Forston, GA 31808 SD Addition TITLE ☐ Delete TITLE ☐ Change NAME PYPER, JOHN NAME Larry Steller STREET ADDRESS STREET ADDRESS 157 ALTA DR 11303 N. E. 60th St CITY-ST-ZIP CITY-ST-ZIP MUNROE FALLS OH 44262 Kirkland, WA 98033

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-01 417 882-7762

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