2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State
02-01-2001 90103 001 ****61.25

0068374

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

DO NOT WRITE IN THIS SPACE

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 Applicable

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
CARTER, WES 1707 E. BLOOMINGDALE VALRICO FL 33594	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MCDONALD, JOE, D 1353 E SUNSHINE SPRINGFIELD MO	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Russell Wood 576 N Trout Dr Sanger, CA 93657	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WHITE, BILL 38335 WESLEY CT COLORADO SPRINGS CO	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Brian Gaddy 2804 W. Houston Pl Broken-Arrow, OK 74012	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WOOLDRIDGE, RICK 500 NICKLEBY WAY LOUISVILLE KY	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Keith Butler P. O. Box 507 Berryville, AR 72616	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GROSS, DAVID 1120 CROTTINGER RD PLAIN CITY OH	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Dave Cundiff 10459 N. Meridian Valley Center, KX 67147	☐ Change ☒ Addition
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	D Jummy Shierling 9740 Whitesville Rd Forston, GA 31808	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD PYPER, JOHN 157 ALTA DR MUNROE FALLS OH 44262	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Larry Steller 11303 N. E. 60th St Kirkland, WA 98033	☐ Change ☒ Addition

CR2E037 (10/00)

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 REQUIRED 1-22-01 417 882-7762
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #