

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90188 025 ****61.25

DOCUMENT # P-15987

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

TITLE **SD** ☒ Delete
NAME **WHITE, BILL**
STREET ADDRESS **38335 WESLEY CT**
CITY-ST-ZIP **COLORADO SPRINGS CO 80917**

TITLE **D** ☐ Delete
NAME **MASSEY, BOBBY**
STREET ADDRESS **23 HIGH POINT RD**
CITY-ST-ZIP **VALLEY CENTER KS 67147**

TITLE **D** ☐ Delete
NAME **MORRISON, DAVE**
STREET ADDRESS **6400 RISING SUN DR**
CITY-ST-ZIP **GROVE CITY OH 43123**

TITLE **D** ☐ Delete
NAME **WOOD, RUSS**
STREET ADDRESS **576 N TROUT LAKE DR**
CITY-ST-ZIP **SANGER CA 93657**

TITLE **PD** ☐ Delete
NAME **PYPER, JOHN**
STREET ADDRESS **3484 CHARRING CROSS DR**
CITY-ST-ZIP **STOW OH 43123**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition
NAME **Dave Cundiff**
STREET ADDRESS **10459 N. Meridian**
CITY-ST-ZIP **Valley Center, KS 67147**

TITLE **D** ☐ Change ☒ Addition
NAME **Tom Gross**
STREET ADDRESS **3517 Labadie Dr**
CITY-ST-ZIP **Richland Hills, TX 76118**

TITLE **D** ☐ Change ☒ Addition
NAME **Loren Helwig**
STREET ADDRESS **248 Elderberry Circle**
CITY-ST-ZIP **Athens, GA 30605**

TITLE **D** ☐ Change ☒ Addition
NAME **Gary Thayer**
STREET ADDRESS **2611 Clover Lane**
CITY-ST-ZIP **Lafayette, IN 47905**

TITLE **PD** ☒ Change ☐ Addition
NAME **Dave Morrison**
STREET ADDRESS **6400 Rising Sun Cr.**
CITY-ST-ZIP **Grove City, OH 43123**

TITLE **SD** ☒ Change ☐ Addition
NAME **Russ Wood**
STREET ADDRESS **576 N. Trout Lake Dr**
CITY-ST-ZIP **Sanger, CA 93657**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Joe D. McDonald **JOE D. McDONALD**

4-15-06

417-582-7762