


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 13, 2007 08:00 AM
Secretary of State

DOCUMENT # P15987 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 - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 43-1252652	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CARTER, WES 1707 E. BLOOMINGDALE VALRICO FL 33594				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW: FEE IS \$61.25 Due By September 5, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida 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		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000773880 09/13/07-80003-010 61.25	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GROSS, TOM 3517 LABADIE DR FORT WORTH TX 76118		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MASSEY, BOBBY 23 HIGH POINT RD VALLEY CENTER KS 67147		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MORRISON, DAVE 6400 RISING SUN DR GROVE CITY OH 43123		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MORRISON, DAVE 6400 RISING SUN CIR GROVE CITY OH 43123		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD WOOD, RUSS 576 N TROUT LAKE DR SANGER CA 93657		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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** 9-5-07 417 882-7763