

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90038 013 ****61.25

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 #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

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

**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

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, 2008**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GROSS, TOM
3517 LABADIE DR
FORT WORTH TX 76118** ☐ Delete

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
GARY THAYER
3611 CLOVER LANE
LAFAYETTE, IN 47905** ☐ Change ☒ Addition

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

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

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☐ Change ☐ Addition

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

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

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 3-24-08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #