

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90659 033 \*\*\*\*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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

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**

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 **D** ☐ Delete  
NAME **WHITE, BILL**  
STREET ADDRESS **38335 WESLEY CT**  
CITY-ST-ZIP **COLORADO SPRINGS CO**

TITLE **D** ☒ Delete  
NAME **BUTLER, KEITH**  
STREET ADDRESS **PO BOX 507**  
CITY-ST-ZIP **BERRYVILLE AR 72616**

TITLE **PD** ☐ Delete  
NAME **CUNDRUFF, DAVE**  
STREET ADDRESS **10459 N MERIDIAN**  
CITY-ST-ZIP **VALLEY CENTER KS 67147**

TITLE **D** ☐ Delete  
NAME **GABLE, DAVE**  
STREET ADDRESS **5031 N CHALICE LN**  
CITY-ST-ZIP **ANAHEIM HILLS CA**

TITLE **SD** ☐ Delete  
NAME **PYPER, JOHN**  
STREET ADDRESS **157 ALTA DR**  
CITY-ST-ZIP **MUNROE FALLS OH 44262**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition  
NAME **Bobby Massey**  
STREET ADDRESS **23 High Point Rd**  
CITY-ST-ZIP **Valley Center, KS 67147**

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

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

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:

*John Pyper*

2-12-03 417 882-7762

CR2E037 (10/02)