


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 07, 2007 8:00 am**  
**Secretary of State**

03-07-2007 90020 008 \*\*\*\*70.00

<b>DOCUMENT # N03000005558</b> 1. Entity Name <b>WHISPER MOUNTAIN MINISTRIES, INC.</b>	
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Principal Place of Business <b>13720-1 BEN C PRATT SIX MILE CYPRESS PKWY, STE. 1 FT. MYERS, FL 33912</b>	Mailing Address <b>PO BOX 60893 FT. MYERS, FL 33906</b>
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  
**ELAND, CHARLES Alan  
13720-1 BEN C PRATT/SIX MILE CYPRESS PKWY  
FT. MYERS, FL 33912**

**DO NOT WRITE  
IN THIS SPACE**

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 ALAN ELAND  DATE 2/26/07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PAUL, MARTIN PO BOX 60893 FT. MYERS, FL 33906
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PAUL, NICHOLAS PO BOX 60893 FT. MYERS, FL 33906
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WERNER, CASSAUNDRA 2006 COATSDALE LANE MATTHEWS, NC 28104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD CHESNUT, STEVE 6701 IDLEWILD ST. FT. MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD JOLLIFF, TRAVIS SR 6361 CORPORATE PARK CR, STE. 1 FT. MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCMICHAEL, KEVIN 6862 MAGNOLIA LANE FT. MYERS, FL 33912

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IN THIS SPACE**

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: Martin A Paul 2-24-07 828-399-9256  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #