

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

**FILED**  
**Apr 06, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 710991**

1. Entity Name  
**MOUNT HERMON MINISTRIES, INC.**



Principal Place of Business  
**2856 DOUGLAS STREET  
FORT MYERS, FL 33916**

Mailing Address  
**P.O. BOX 9309  
FORT MYERS, FL 33902 US**



03282007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2359625**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**CHANEY, JAMES E SR.  
227 S.E. 25TH TERRACE  
CAPE CORAL, FL 33094**

**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

*James E. Chaney, Sr.*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

*4/2/07*

DATE

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

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**U00000694232  
04/17/07-80009-014 61.25**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PD  
GLOVER, WILLIAM L APOSTLE  
12902 IVORY STONE  
FT MYERS, FL 33913**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
CHANEY, JAMES E SR.  
P.O. BOX 150634  
CAPE CORAL, FL 33915**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**SD  
BROWN, ESSIE M  
1731 DELAWARE AVE  
FT MYERS, FL 33916**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
WHITE, FREDERICK A DEACON  
1400 BILLIE STREET  
FT MYERS, FL 33916**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
WILLIAMS, ISSAC DEACON  
2856 DOUGLAS STREET  
FORT MYERS, FL 33916**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
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:

*Essie M. Brown*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Essie M. Brown*

*3/28/07*

Date

*239-334-8075*

Daytime Phone #