

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 710991

FILED  
May 01, 2012  
Secretary of State

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

**Current Principal Place of Business:**

2856 DOUGLAS STREET  
FORT MYERS, FL 33916

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 9309  
FORT MYERS, FL 33902 US

**New Mailing Address:**

**FEI Number:** 59-2359625

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

SPEARS, DIANE MRS.  
2708 HENDERSON AVENUE  
FORT MYERS, FL 33916 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: GLOVER, WILLIAM L DR.  
Address: 12902 IVORY STONE  
City-St-Zip: FT MYERS, FL 33913

Title: D  
Name: GLOVER, CHERYL R MRS.  
Address: 12902 IVORY STONE LOOP  
City-St-Zip: FORT MYERS, FL 33913

Title: D  
Name: WHITE, FREDERICK A MR.  
Address: 1400 BILLIE STREET  
City-St-Zip: FT MYERS, FL 33916

Title: D  
Name: CALVIN, SMITH MR.  
Address: 2118 SE 1ST STREET  
City-St-Zip: CAPE CORAL, FL 33990

Title: D  
Name: TAYLOR, CHERYL MRS.  
Address: 2856 DOUGLAS STREET  
City-St-Zip: FORT MYERS, FL 33916

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM L. GLOVER

DR.

05/01/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date