

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005558

FILED
Apr 30, 2008
Secretary of State

Entity Name: WHISPER MOUNTAIN MINISTRIES, INC.

Current Principal Place of Business:

13720-1 BEN C PRATT
SIX MILE CYPRESS PKWY, STE. 1
FT. MYERS, FL 33912

New Principal Place of Business:

Current Mailing Address:

PO BOX 60893
FT. MYERS, FL 33906

New Mailing Address:

FEI Number: 56-2368454

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ELAND, CHARLES
13720-1 BEN C PRATT/SIX MILE CYPRESS PKWY
FT. MYERS, FL 33912 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: PD () Delete
Name: PAUL, MARTIN
Address: PO BOX 60893
City-St-Zip: FT. MYERS, FL 33906

Title: V () Delete
Name: PAUL, NICHOLAS
Address: PO BOX 60893
City-St-Zip: FT. MYERS, FL 33906

Title: ST () Delete
Name: WERNER, CASSAUNDRA
Address: 2006 COATSDALE LANE
City-St-Zip: MATTHEWS, NC 28104

Title: VCD () Delete
Name: CHESNUT, STEVE
Address: 6701 IDLEWILD ST.
City-St-Zip: FT. MYERS, FL 33912

Title: CD () Delete
Name: JOLLIFF, TRAVIS SR
Address: 6361 CORPORATE PARK CR, STE. 1
City-St-Zip: FT. MYERS, FL 33912

Title: TD () Delete
Name: MCMICHAEL, KEVIN
Address: 6862 MAGNOLIA LANE
City-St-Zip: FT. MYERS, FL 33912

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MARTIN A PAUL

PD

04/30/2008

Electronic Signature of Signing Officer or Director

Date