

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

**FILED**  
**Mar 14, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N03000008038**

1. Entity Name  
**EMANUEL WHIPPLE MINISTRIES, INC.**



Principal Place of Business  
**16209 SW 49TH COURT  
MIRAMAR, FL 33207**

Mailing Address  
**P.O. BOX 431533  
MIAMI, FL 33243-1533**



03122007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**43-2028902**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

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

**WHIPPLE, EMANUEL  
16209 SW 49TH COURT  
MIRAMAR, FL 33207**

**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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

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**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO WHIPPLE, EMANUEL 16209 SW 49TH COURT MIRAMAR, FL 33207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHIPPLE, EMANUEL 16209 SW 49TH COURT MIRAMAR, FL 33207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, ANTHONY 1571 NW 68TH TERR MIAMI, FL 33147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCRIVENS, ERICA 7403 SW 82ND STREET #103-N MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

400000666425  
03/23/07-80070-008 61.25

**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:** *Emanuel Whipple*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/12/07 (305)6673696*

Date

Daytime Phone #