

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90224 041 ****70.00

DOCUMENT # N06000006013 1. Entity Name WHISPERING PINES COMMUNITY CHURCH, INC.					
Principal Place of Business 3850 SW KOCERIK ST. PORT SAINT LUCIE, FL 34953				Mailing Address P.O. BOX 881323 PORT SAINT LUCIE, FL 34988-1323	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MITCHELL, BILLY M 3850 SW KOCERIK ST. PORT SAINT LUCIE, FL 34953				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MITCHELL, BILLY M		NAME	THOMPSON, TERRY	
STREET ADDRESS	3850 SW KOCERIK ST.		STREET ADDRESS	690 SW PUEBLO TERRACE	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34953		CITY-ST-ZIP	PORT ST. LUCIE, FL 34953	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MITCHELL, ELEANOR L		NAME		
STREET ADDRESS	3850 SW KOCERIK ST.		STREET ADDRESS		
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34953		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DRAMAS, JOEL		NAME		
STREET ADDRESS	397 NE GLADIOLA AVE		STREET ADDRESS		
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34983		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>Billy Mitchell</u>			4/19/07 (772) 735-8037		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		