

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000005558

**Entity Name:** WHISPER MOUNTAIN MINISTRIES, INC.**Current Principal Place of Business:**2240 LONG CREEK ROAD  
ROBBINSVILLE, NC 28771**Current Mailing Address:**2240 LONG CREEK ROAD  
ROBBINSVILLE, NC 28771 US**FEI Number: 56-2368454****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**WORDEN, COOK & MCMICHAEL PA  
9681 GLADIOLUS DRIVE  
FT. MYERS, FL 33908 US*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**Officer/Director Detail :**

Title	DIR
Name	PAUL, MARTIN
Address	PO BOX 1405
City-State-Zip:	ROBBINSVILLE NC 28771

Title	DIR
Name	PROPP, JAMES
Address	2500 9TH STREET W
City-State-Zip:	LEHIGH ACRES FL 33971

Title	DIR
Name	MCMICHAEL, KEVIN
Address	6862 MAGNOLIA LANE
City-State-Zip:	FORT MYERS FL 33912

Title	DIR
Name	KRELLER, DAVID
Address	220 SE 24TH STREET
City-State-Zip:	CAPE CORAL FL 33990

Title	DIR
Name	HUNT, GREGORY
Address	17217 LEE ROAD
City-State-Zip:	FT. MYERS FL 33967

Title	DIR
Name	LEE, MITCHELL
Address	5890 STALEY ROAD
City-State-Zip:	FORT MYERS FL 33905

Title	DIR
Name	DELLINGER, JASON
Address	1064 RIDING TRAIL LANE
City-State-Zip:	CONCORD NC 28027-7716

Title	DIR
Name	HOGAN, DEAN
Address	16828 SW CANBY CT
City-State-Zip:	BEAVERTON OR 97007

**Continues on page 2**

*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: MARTIN A PAUL****EXEC DIRECTOR****03/17/2020**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title	DIR
Name	HOGAN, BRIAN
Address	4054 NW 3RD AVE
City-State-Zip:	HILLSBORO OR 97124-1503