

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000003323

Entity Name: WHISPERING PINE SOUL SAVING MINISTRY INC.**Current Principal Place of Business:**5096 TENNESSEE CAPITAL BLVD STE 2
TALLAHASSEE, FL 32303**Current Mailing Address:**5096 TENNESSEE CAPITAL BLVD STE 2
TALLAHASSEE, FL 32303 US**FEI Number: 46-4917249****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**SMITH, ALLIE R
235 PHILLIPS RD
CHATTAHOOCHEE, FL 32324 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:** ALLIE SMITH

03/21/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	SEC.
Name	SMITH, ALLIE R
Address	235 PHILLIPS ROAD
City-State-Zip:	CHATTAHOOCHEE FL 32324

Title	PASTOR
Name	SMITH, GERALD JR
Address	235 PHILLIPS ROAD
City-State-Zip:	CHATTAHOOCHEE FL 32324

Title	T
Name	FANTI, ATO
Address	5096 TENNESSEE CAPITAL BLVD STE 2
City-State-Zip:	TALLAHASSEE FL 32303

Title	TREA
Name	SMITH, ALLIE R
Address	235 PHILLIPS ROAD
City-State-Zip:	CHATTAHOOCHEE FL 32324

Title	ASST. SECRETARY
Name	SMITH, ALLIE R
Address	5096 TENNESSEE CAPITAL BLVD
City-State-Zip:	TALLAHASSEE FL 32303

Title	C
Name	PETERSON, PATRICIA
Address	5096 TENNESSEE CAPITAL BLVD STE 2
City-State-Zip:	TALLAHASSEE FL 32303

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: ALLIE SMITH**SECRETARY**

03/21/2021

Electronic Signature of Signing Officer/Director Detail

Date