

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

DOCUMENT# N08000006625

**FILED**  
**Jun 07, 2020**  
**Secretary of State**  
**9608418663CC**

**Entity Name:** MENTORING WITH PURPOSE CHARITY INC.

**Current Principal Place of Business:**

C/O FRANK D MURPHY  
3823 FELTON HILL ROAD SW  
SMYRNA, GA 30082

**Current Mailing Address:**

C/O FRANK D MURPHY  
3823 FELTON HILL ROAD SW  
SMYRNA, GA 30082 US

**FEI Number:** 26-2993557

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MURPHY, FRANK D  
601 CHANNELSID APT#1331  
TAMPA, FL 33602 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 D, PRESIDENT  
Name MURPHY, FRANKLIN D JR  
Address 11701 PALM LAKE DRIVE APT# 318  
City-State-Zip: JACKSONVILLE FL 32218

Title D  
Name JONES, CHAD  
Address 5859 THRUSH DR.  
City-State-Zip: HOUSTON TX 77033

Title D  
Name PRESCOTT, DEBORAH  
Address 102 WEST WHITING STREET - STE.  
600  
City-State-Zip: TAMPA FL 33602

Title D  
Name BROWN, SHAWN  
Address 102 WEST WHITING STREET - STE.  
600  
City-State-Zip: TAMPA FL 33602

*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:** FRANKLIN D MURPHY JR

**PRESIDENT**

**06/07/2020**

Electronic Signature of Signing Officer/Director Detail

Date