


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2005 8:00 am**  
**Secretary of State**

05-05-2005 90115 003 \*\*\*\*61.25

<b>DOCUMENT # N03000004352</b>	
1. Entity Name <b>CAREER PURPOSE MINISTRIES INC.</b>	

Principal Place of Business <b>1509 N MILITARY TR STE 216 W PALM BEACH, FL 33409</b>	Mailing Address <b>1509 N MILITARY TR STE 216 W PALM BEACH, FL 33409</b>
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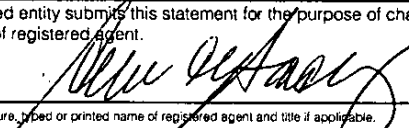
**50049698**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04272005 Chg-NP CR2E037 (10/03)	
4. FEI Number <b>56-2363260</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent	
<b>CARUSO, DENNIS 1509 N. MILITARY TRAIL WEST PALM BEACH, FL 33409</b>	

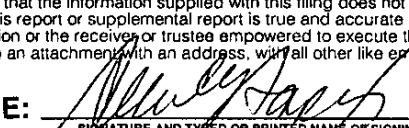
7. Name and Address of New Registered Agent	
Name <b>Robert C. Hackney Esq</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>Desantis, Gaskill, Smith &amp; Shunkman PA.</b>	
<b>11891 US Highway One Ste 100</b>	
City <b>North Palm Beach</b>	FL Zip Code <b>33408</b>

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 	<b>ROBERT C. HACKNEY</b> 4/29/05
(NOTE: Registered Agent signature required when reinstating)	

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>CARUSO, DENNIS</b> <b>1509 N MILITARY TR STE 216</b> <b>W PALM BEACH, FL 33409</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>BENDER, CHARLES</b> <b>1509 N MILITARY TR STE 216</b> <b>W PALM BEACH, FL 33409</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>STARLING, BEN</b> <b>1509 N MILITARY TR STE 216</b> <b>W PALM BEACH, FL 33409</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 	<b>ROBERT C. HACKNEY</b> 4/29/05 561/622-2700
(NOTE: Registered Agent signature required when reinstating)	