

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90220 046 \*\*\*\*61.25

DOCUMENT # N03000004352	
1. Entity Name CAREER PURPOSE MINISTRIES INC.	



Principal Place of Business 1509 N MILITARY TR STE 216 W PALM BEACH, FL 33409	Mailing Address 1509 N MILITARY TR STE 216 W PALM BEACH, FL 33409
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2. Principal Place of Business 990 Stinson Way Suite, Apt. #, etc. Ste 201 City & State West Palm Bch FL	3. Mailing Address 990 Stinson Way Suite, Apt. #, etc. Ste 201 City & State West Palm Bch FL
Zip 33411	Country Palm Bch



04202006 Chg-NP CR2E037 (11/05)

4. FEI Number 56-2363260	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HACKNEY, ESQ, ROBERT C. DESANTIS, GASKILL, SMITH & SHEN, PA 11891 US HWY ONE, STE 100 NORTH PALM BEACH, FL 33408 <i>no change of R.A.</i>	
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7. Name and Address of New Registered Agent Name: Robert C Hackney, Esq Street Address (P.O. Box Number is Not Acceptable) Desantis, Gaskill, Smith & Shentman PA City: FL Zip Code:	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Filing Fee is \$61.25 Due by May 1, 2006	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CARUSO, DENNIS 1509 N MILITARY TR STE 216 W PALM BEACH, FL 33409 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 990 Stinson Way Ste 201 West Palm Bch FL 33411
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BENDER, CHARLES 1509 N MILITARY TR STE 216 W PALM BEACH, FL 33409 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 990 Stinson Way Ste 201 West Palm Bch FL 33411
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STARLING, BEN 1509 N MILITARY TR STE 216 W PALM BEACH, FL 33409 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 990 Stinson Way Ste 201 West Palm Bch FL 33411
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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 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: <i>Robert C Hackney, Esq</i>	Date: 4/20/06	Daytime Phone #: 561-622-2700
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