

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90091 031 ****61.25

DOCUMENT # N03000004352

1. Entity Name
CAREER PURPOSE MINISTRIES INC.



40054944

Principal Place of Business
**990 STINSON WAY
SUITE 201
WEST PALM BEACH, FL 33411**

Mailing Address
**990 STINSON WAY
SUITE 201
WEST PALM BEACH, FL 33411**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04022007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
56-2363260

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HACKNEY, ESQ, ROBERT C
DESANTIS, GASKILL, SMITH & SHENKMAN, PA
11891 US HWY ONE, STE 100
NORTH PALM BEACH, FL 33408**

Name **Robert C. Hackney, Esq**

Street Address (P.O. Box Number is Not Acceptable)

Moyle Flanigan et al

625 N. Flagler Dr - 9th Floor

City **West Palm Beach**

FL

Zip Code
33401

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

Signature, typed or printed name of registered agent and title if applicable.

Robert C. Hackney

(NOTE: Registered Agent signature required when registering)

4/5/07

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **CARUSO, DENNIS**
STREET ADDRESS **990 STINSON WAY, SUITE 201**
CITY-ST-ZIP **WEST PALM BEACH, FL 33411**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **BENDER, CHARLES**
STREET ADDRESS **990 STINSON WAY, SUITE 201**
CITY-ST-ZIP **WEST PALM BEACH, FL 33411**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **STARLING, BEN**
STREET ADDRESS **990 STINSON WAY, SUITE 201**
CITY-ST-ZIP **WEST PALM BEACH, FL 33411**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert C. Hackney

Date

Daytime Phone #

4/5/07 561-776-8600