

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 01, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90487 001 \*\*\*140.00

**DOCUMENT # N03000008693**

1. Entity Name  
**OPERATION PURPOSE, INC.**



Principal Place of Business  
18709 US HWY 41  
SPRING HILL, FL 34610

Mailing Address  
PO BOX 311453  
TAMPA, FL 33680-1453

66425274



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04052004 Chg-NP CR2E037 (10/03)

4. FEI Number

57-119 1076

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BAKER, JANICE  
18709 US HWY 41  
SPRING HILL, FL 34610

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

(NOTE: Registered Agent signature required when reappointing)

DATE

Filing Fee is \$61.25  
Due by May 1, 2004

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

TITLE DP  
NAME BAKER, JANICE  
STREET ADDRESS 6209 N 22 STREET  
CITY-ST-ZIP TAMPA, FL 33610 ☐ Delete

TITLE DS  
NAME FIRLOW, CYNTHIA  
STREET ADDRESS 2611 E 25TH AVE  
CITY-ST-ZIP TAMPA, FL 33605 ☐ Delete

TITLE DT  
NAME MITCHELL, XAVIER  
STREET ADDRESS 3910 E JEAN STREET  
CITY-ST-ZIP TAMPA, FL 33610 ☐ Delete

TITLE CEO  
NAME BAKER, JANICE  
STREET ADDRESS 6209 N 22 STREET  
CITY-ST-ZIP TAMPA, FL 33610 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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

*Janice Baker*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/04

813-234-2973  
Daytime Phone #