

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 30, 2005 08:00 AM**  
**Secretary of State**

**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**



01112005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**57-1191076**

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**

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

000000281176  
03/30/05-80050-003 70.00

**DO NOT WRITE  
IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/17/05 813-2367870**

Date

Daytime Phone #