2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2009
Secretary of State

DOCUMENT# N07000009017

Entity Name: CHOSEN FOR A PURPOSE, INC.

Current Principal Place of Business:

5019 HAMPTON RIDGE AVENUE
TALLAHASSEE, FL 32311

New Principal Place of Business:

Current Mailing Address:

5019 HAMPTON RIDGE AVENUE
TALLAHASSEE, FL 32311

New Mailing Address:

FEI Number: 26-0857676 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HAWKINS, CARMALITA L
5019 HAMPTON RIDGE AVENUE
TALLAHASSEE, FL 32311 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	E.D.	( ) Delete
Name:	HAWKINS, J.D., CARMALITA L	
Address:	5019 HAMPTON RIDGE AVENUE	
City-St-Zip:	TALLAHASSEE, FL 32311	
Title:	DIR	( ) Delete
Name:	MCDANIELS, MPA, ESRONE III	
Address:	900 SADDLE CREEK RUN	
City-St-Zip:	TALLAHASSEE, FL 32307	
Title:	DIR	( ) Delete
Name:	MONTS, CHRISTOPHER ESQ.	
Address:	P, O. BOX 952607	
City-St-Zip:	LAKE MARY, FL 32795	
Title:	DIR	( ) Delete
Name:	EDWARDS, CAROL	
Address:	595 N. MARTIN LUTHER KING BLVD.	
City-St-Zip:	TALLAHASSEE, FL 32301	
Title:	DIR	( ) Delete
Name:	MERCEDES, BIGELOW	
Address:	1307 SUMMER BREEZE ROAD	
City-St-Zip:	ORLANDO, FL 32822	
Title:	DIR	( ) Delete
Name:	HALL, SUMMER	
Address:	1360 OCALA ROAD #129	
City-St-Zip:	TALLAHASSEE, FL 32304	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARMALITA L. HAWKINS ED 05/12/2009

Electronic Signature of Signing Officer or Director — Date