

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 25, 1999 8:00 am
Secretary of State

06-25-1999 90010 006 ****70.00

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1. Corporation Name

PEOPLE WITH PURPOSE, INC.

Principal Place of Business

1226 TRAFALGAR DRIVE
NEW PORT RICHEY FL 34655

Mailing Address

1226 TRAFALGAR DRIVE
NEW PORT RICHEY FL 34655



2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

3. Date Incorporated or Qualified

07/07/1997

4. FEI Number

59-3484754

Applied For

Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

24 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

CRITES, PAUL
1226 TRAFALGAR DRIVE
NEW PORT RICHEY FL 34655

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE PD ☐ DELETE

NAME CRITES, PAUL
STREET ADDRESS 1226 TRAFALGAR DRIVE
CITY-ST-ZIP NEW PORT RICHEY FL 34655

1.1 TITLE

☐ Change ☐ Addit

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

13. TITLE SD ☐ DELETE

NAME JONES, MARK
STREET ADDRESS 1226 TRAFALGAR DRIVE
CITY-ST-ZIP NEW PORT RICHEY FL 34655

2.1 TITLE

☐ Change ☐ Addit

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

14. TITLE D ☐ DELETE

NAME CRITES, DEBORAH
STREET ADDRESS 1226 TRAFALGAR DRIVE
CITY-ST-ZIP NEW PORT RICHEY FL 34655

3.1 TITLE

☐ Change ☐ Addit

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

15. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addit

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

16. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addit

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

17. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addit

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE PAUL CRITES

President

6/21/99

727-372-039

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #