

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 07, 2003 8:00 am**  
**Secretary of State**

08-07-2003 90117 025 \*\*\*\*61.25

**DOCUMENT # N97000003899**

1. Entity Name

**PEOPLE WITH PURPOSE, INC.**



Principal Place of Business

**1226 TRAFALGAR DRIVE  
NEW PORT RICHEY FL 34655**

Mailing Address

**P O BOX 700  
CLEARWATER FL 33757  
US**

2. Principal Place of Business

**3524 Hampshire Ct**

Suite, Apt. #, etc.

**# 103**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**Palm Harbor FL**

City & State

Zip

**34685**

Country

**Pineles**

Zip

Country

4. FEI Number **59-3484754**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**CRITES, PAUL  
1226 TRAFALGAR DRIVE  
NEW PORT RICHEY FL 34655**

7. Name and Address of New Registered Agent

Name

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

**3524 Hampshire Ct # 103**

City

**Palm Harbor**

FL

Zip Code

**34685**

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

**FILE NOW: FEE IS \$61.25  
After September 10, 2003, min will be \$236.25**

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	PD	<input type="checkbox"/> Delete
NAME	CRITES, PAUL	
STREET ADDRESS	1226 TRAFALGAR DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
TITLE	VTD	<input checked="" type="checkbox"/> Delete
NAME	CRITES, DEBORAH L	
STREET ADDRESS	1226 TRAFALGAR DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	JACKSON, DAVID	
STREET ADDRESS	3118 SEVEN SPRINGS BLVD	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Paul Crites	
STREET ADDRESS	3524 Hampshire Ct #103	
CITY-ST-ZIP	Palm Harbor FL 34685	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Keith Johnson	
STREET ADDRESS	8201 Sudbury Drive	
CITY-ST-ZIP	Port Richey, FL 34668	
TITLE	TJS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVID JONES	
STREET ADDRESS	3102 Eastlake Ave	
CITY-ST-ZIP	Tampa, FL 33610	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Aaron Ferguson	
STREET ADDRESS	8201 Sudbury Dr	
CITY-ST-ZIP	Port Richey, FL 34668	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8-5-03 727.946-1477**

Date Daytime Phone #

CR2E037 (4/03)