

**-FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**May 28 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** *N9400005849*

1. Corporation Name  
**FOR PURPOSE, INC.**

Principal Place of Business <b>925 Flamingo Ave. Stuart, FL 34996</b>	Mailing Address <b>925 Flamingo Ave. Stuart, FL 34996</b>
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2. Principal Place of Business 21 <b>925 Flamingo Ave</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>925 Flamingo Ave</b> Suite, Apt. #, etc.
22 City & State 23 <b>Stuart, FL 34996</b>	27 City & State 28 <b>Stuart, FL 34996</b>
24 Zip <b>34996</b>	25 Country <b>USA</b>
29 Zip <b>34996</b>	30 Country <b>USA</b>

3. Date Incorporated or Qualified <b>Nov. 29, 1994</b>	
4. FEI Number <b>65-0539147</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners' association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**Karen H. Malfregeot**  
**925 Flamingo Ave.**  
**Stuart, FL 34996**

10. Name and Address of New Registered Agent

81 Name <b>KAREN H. MALFREGEOT</b>	
82 Street Address (P.O. Box Number is Not Acceptable) <b>925 Flamingo Ave</b>	
83	
84 City <b>Stuart</b>	85 Zip Code <b>FL 34996</b>

11. Pursuant to the provisions of Sections 617.0602 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: *Karen H. Malfregeot* (Not Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE <b>President</b>	<input type="checkbox"/> DELETE
NAME <b>Robert K. Myers</b>	
STREET ADDRESS <b>596 Central Dr. #104</b>	
CITY-ST-ZIP <b>Virginia Beach, VA 23454</b>	
TITLE <b>Vice President</b>	<input type="checkbox"/> DELETE
NAME <b>Jan Ashton</b>	
STREET ADDRESS <b>5120 Cypress Pt Circle#202</b>	
CITY-ST-ZIP <b>Virginia Beach, VA 23455</b>	
TITLE <b>Secretary</b>	<input type="checkbox"/> DELETE
NAME <b>Karen H. Malfregeot</b>	
STREET ADDRESS <b>925 Flamingo Ave.</b>	
CITY-ST-ZIP <b>Stuart, FL 34997</b>	
TITLE <b>Treasurer</b>	<input type="checkbox"/> DELETE
NAME <b>Jonnie-Ruth Kuhn</b>	
STREET ADDRESS <b>4260 SE Whitarcar Way</b>	
CITY-ST-ZIP <b>Stuart, FL 34997</b>	
TITLE <b>Director</b>	<input type="checkbox"/> DELETE
NAME <b>T. Damien Oniele</b>	
STREET ADDRESS <b>3156 Mimosa Dr</b>	
CITY-ST-ZIP <b>Stuart, FL 34997</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME <b>Charlotte Abell</b>	
1.3 STREET ADDRESS <b>3934 Baker Rd</b>	
1.4 CITY-ST-ZIP <b>Westminster, MD 21157</b>	
2.1 TITLE <b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME <b>Jacqui Welker</b>	
2.3 STREET ADDRESS <b>6109 Franklin Blvd</b>	
2.4 CITY-ST-ZIP <b>Cleveland, OH 44102</b>	
3.1 TITLE <b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME <b>Jayma L. Delaney</b>	
3.3 STREET ADDRESS <b>1076 Columbia Rd</b>	
3.4 CITY-ST-ZIP <b>Valley City, OH 44280</b>	
4.1 TITLE <b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME <b>Rachelle Hasnas</b>	
4.3 STREET ADDRESS <b>1063 Tottenham Lane</b>	
4.4 CITY-ST-ZIP <b>Virginia Beach, VA 23454</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS <b>300002540303</b>	
6.4 CITY-ST-ZIP <b>-05/29/98--01013--006</b>	

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.

SIGNATURE: *Karen H. Malfregeot, Secretary* *4/24/98* *561-287-1475*

CR2E037 (10/97)