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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N94000005849**

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

Principal Place of Business 925 FLAMINGO AVE. STUART FL 34996 US	Mailing Address 925 FLAMINGO AVE. STUART FL 34996 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 11/29/1994	4. FEI Number 65-0539147 Applied For No Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent <b>MALFREGEOT, KAREN H. 925 FLAMINGO AVE. STUART FL 34996</b>	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
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NO) E: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P	NAME: MYERS, ROBERT K STREET ADDRESS: 596 CENTRAL DR. #104 CITY-ST-ZIP: VIRGINIA BEACH VA 23454	1.1 TITLE: D	1.2 NAME: Jacqui Welker 1.3 STREET ADDRESS: 6190 Franklin Blvd. 1.4 CITY-ST-ZIP: Cleveland
TITLE: VP	NAME: ASHTON, JAN STREET ADDRESS: 5120 CYPRESS FT. CIR. #202 CITY-ST-ZIP: VIRGINIA BEACH FL 23455	2.1 TITLE: D	2.2 NAME: Jayma Delaney 2.3 STREET ADDRESS: 1976 Columbia Rd 2.4 CITY-ST-ZIP: Vallev City, OH 44280
TITLE: S	NAME: MALFREGEOT, KAREN STREET ADDRESS: 925 FLAMINGO AVENUE CITY-ST-ZIP: STUART FL 34996	3.1 TITLE: D	3.2 NAME: Rachelle Hasnas 3.3 STREET ADDRESS: 1063 Tottenham LN 3.4 CITY-ST-ZIP: Virginia Beach, VA 23454
TITLE: T	NAME: KUHN, JONNIE-RUTH STREET ADDRESS: 4260 S.E. WHITTICAR WAY CITY-ST-ZIP: STUART FL 34997	4.1 TITLE: D	4.2 NAME: Linda Bress 4.3 STREET ADDRESS: 6000 River Rd 4.4 CITY-ST-ZIP: Norfolk, VA 23505
TITLE: D	NAME: ONIELE, DAMIEN STREET ADDRESS: 3156 MIMOSA DR. CITY-ST-ZIP: STUART FL 34997	5.1 TITLE:	5.2 NAME:
TITLE: D	NAME: ABELL, CHARLOTTE STREET ADDRESS: 3934 BAKER RD. CITY-ST-ZIP: WESTMINSTER MD 21157	6.1 TITLE:	6.2 NAME:

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 2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *KAREN H. MALFREGEOT, USED* *Karen H Malfregeot* 4/22/99 361-287-1475  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (1/98)