

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000005849

1. Entity Name

FOR PURPOSE, INC.

**FILED**  
**May 11, 2000 8:00 am**  
**Secretary of State**

05-11-2000 91422 005 \*\*\*\*70.00

Principal Place of Business

925 FLAMINGO AVE.  
 STUART FL 34996  
 US

Mailing Address

P.O. Box 483  
 925 FLAMINGO AVE.  
 STUART FL 34996-3254 34996  
 US

2. Principal Place of Business

3. Mailing Address

P.O. Box 483

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Stuart, FL

4. FEI Number

65-0539147

Applied For

Not Applicable

Zip

Country

Zip

Country

34996

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MALFREGEOT, KAREN H  
 925 FLAMINGO AVE.  
 STUART FL 34996

Name

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

City

FL

Zip Code

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.

SIGNATURE

*Karen H. Malfregeot*

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

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MYERS, ROBERT K	
STREET ADDRESS	596 CENTRAL DR. #104	
CITY-ST-ZIP	VIRGINIA BEACH VA 23454	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ASHTON, JAN	
STREET ADDRESS	5120 CYPRESS PT. CIR. #202	
CITY-ST-ZIP	VIRGINIA BEACH FL 23455	
TITLE	<del>VP</del> eot	<input type="checkbox"/> Delete
NAME	MALFREGEOT, KAREN	
STREET ADDRESS	925 FLAMINGO AVENUE	
CITY-ST-ZIP	STUART FL 34996	
TITLE	T	<input type="checkbox"/> Delete
NAME	KUHN, JONNIE-RUTH	
STREET ADDRESS	4260 S.E. WHITCAR WAY.	
CITY-ST-ZIP	STUART FL 34997	
TITLE	D	<input type="checkbox"/> Delete
NAME	MELKER, JACQUI <i>Welker, Jacqui</i>	
STREET ADDRESS	6190 FRANKLIN BLVD	
CITY-ST-ZIP	CLEVELAND OH	
TITLE	D	<input type="checkbox"/> Delete
NAME	ABELL, CHARLOTTE	
STREET ADDRESS	3934 BAKER RD.	
CITY-ST-ZIP	WESTMINSTER MD 21157	

TITLE	Pres	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAREN H. Malfregeot	
STREET ADDRESS	925 Flamingo Ave	
CITY-ST-ZIP	Stuart, FL 34996	
TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pam Jones	
STREET ADDRESS	2235 Warren Rd	
CITY-ST-ZIP	Lake wood, OH 44107	
TITLE	Sec.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Edna Matthews	
STREET ADDRESS	P.O. Box 8412	
CITY-ST-ZIP	Richmond, VA	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rachelle Hasnas	
STREET ADDRESS	1063 Tottenham Ln	
CITY-ST-ZIP	Virginia Beach, VA 23454	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Linda Bress	
STREET ADDRESS	6000 W. River	
CITY-ST-ZIP	Norfolk, VA 23505	
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: *Karen H. Malfregeot, Pres.* (KAREN H. Malfregeot) *56-287-1475*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)