

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2002 8:00 am
Secretary of State

04-04-2002 90005 032 ****61.25

DOCUMENT # N94000005849

1. Entity Name

FOR PURPOSE, INC.

Principal Place of Business

Mailing Address

**925 FLAMINGO AVE.
 STUART FL 34996
 US**

**PO BOX 483
 STUART FL 34996
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0539147

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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 Delete
 NAME **P MALPREGEOT, KAREN H**
 STREET ADDRESS **925 FLAMINGO AVE**
 CITY-ST-ZIP **STUART FL 34996**

TITLE Change Addition
 NAME **Linda Bress**
 STREET ADDRESS **6000 W. River Rd.**
 CITY-ST-ZIP **Norfolk, VA 23505**

TITLE Delete
 NAME **VP HASNAS, ROCHELLE**
 STREET ADDRESS **1063 TOTTENHAM LANE**
 CITY-ST-ZIP **VIRGINIA BEACH VA 23454**

TITLE Change Addition
 NAME **Verlin Miller**
 STREET ADDRESS **1000 S. Cleveland-Massillon Rd # 102**
 CITY-ST-ZIP **Akron, OH**

TITLE Delete
 NAME **S MATTHEWS, EDNA**
 STREET ADDRESS **PO BOX 8412**
 CITY-ST-ZIP **RICHMOND VA 23226**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **T KUHN, JONNIE-RUTH**
 STREET ADDRESS **4260 S.E. WHITCAR WAY**
 CITY-ST-ZIP **STUART FL 34997**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D DELANEY, MICHAEL** *1250 Mountain Rd NE*
 STREET ADDRESS **3415 HOLIDAY AVE NE**
 CITY-ST-ZIP **ALBUQUERQUE NM 87112**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D ABELL, CHARLOTTE**
 STREET ADDRESS **3934 BAKER RD.**
 CITY-ST-ZIP **WESTMINSTER MD 21157**

TITLE Change 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. Malpregeot*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/02 772-287-1475

Date Daytime Phone #

CR2E037 (9/01)