

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 18, 2004
Secretary of State**

DOCUMENT# N94000005849

Entity Name: FOR PURPOSE, INC.

Current Principal Place of Business:

925 FLAMINGO AVE.
STUART, FL 34996 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 483
STUART, FL 34995 US

New Mailing Address:

FEI Number: 65-0539147 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MALFREGEOT, KAREN H
925 FLAMINGO AVE.
STUART, FL 34996 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MALPREGEOT, KAREN H
Address: 925 FLAMINGO AVE
City-St-Zip: STUART, FL 34996

Title: VP (X) Delete
Name: HASNAS, ROCHELLE
Address: 1063 TOTTENHAM LANE
City-St-Zip: VIRGINIA BEACH, VA 23454

Title: S () Delete
Name: MATTHEWS, EDNA
Address: PO BOX 8412
City-St-Zip: RICHMOND, VA 23226

Title: T () Delete
Name: KUHN, JONNIE-RUTH
Address: 4260 S.E. WHITICAR WAY
City-St-Zip: STUART, FL 34997

Title: D (X) Delete
Name: DELANEY, MICHAEL
Address: 1250 MOUNTANA ROAD NE
City-St-Zip: ALBUQUERQUE, NM 87112

Title: D () Delete
Name: BRESS, LINDA
Address: 6000 W RIVER ROAD
City-St-Zip: NORFOLK, VA 23505

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN H. MALFREGEOT

PRES

03/18/2004

Electronic Signature of Signing Officer or Director

Date