


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 22, 2007 8:00 am**  
**Secretary of State**

02-22-2007 90009 002 \*\*\*\*61.25

**DOCUMENT # N94000005849**

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



Principal Place of Business  
**925 FLAMINGO AVE.**  
**STUART, FL 34996 US**

Mailing Address  
**PO BOX 483**  
**STUART, FL 34995 US**

40022000



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

02172007 Chg-NP CR2E037 (12/06)

City & State  
 Zip Country

4. FEI Number  
**65-0539147**

Applied For  
 Not Applicable

6. Name and Address of Current Registered Agent  
**MALFREGEOT, KAREN H**  
**925 FLAMINGO AVE.**  
**STUART, FL 34996**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent  
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee Is \$61.25 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MALFREGEOT, KAREN H</b> <b>925 FLAMINGO AVE</b> <b>STUART, FL 34996</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>MATTHEWS, EDNA</b> <b>PO BOX 8412</b> <b>RICHMOND, VA 23226</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>KUHN, JONNIE-RUTH</b> <b>3487 SE Fair Oaks</b> <del><b>4260 S.E. WHITEGAR WAY</b></del> <b>STUART, FL 34997</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BRESS, LINDA</b> <input checked="" type="checkbox"/> Delete <b>6000 W RIVER ROAD</b> <b>NORFOLK, VA 23505</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Charlotte Abell</b> <input type="checkbox"/> Delete <b>3934 Baker Rd,</b> <b>Westminister, MD 21157</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Danielrea Lynn Rice</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>7280 Capilla Ct,</b> <b>Coral Gables, FL 33143</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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* **KAREN H. Malfregeot** <sup>2/11/07</sup>  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **772-287-1475**