

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2009
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 ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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: ABELL, CHARLOTTE
Address: 3934 BAKER RD
City-St-Zip: WESTMINSTER, MD 21157

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

Title: T () Delete
Name: KUHN, JONNIE-RUTH
Address: 3487 SE FAIROAKS
City-St-Zip: STUART, FL 34997

Title: D () Delete
Name: ABELL, CHARLOTTE
Address: 3934 BAKER RD
City-St-Zip: WESTMINSTER, MD 21157

Title: D () Delete
Name: RICE, ANELREA LYNN
Address: 7280 CAPILLA CT.
City-St-Zip: CORAL GABLES, FL 33143

Title: D () Delete
Name: LEE, IRIS
Address: 5505 ATLANTIC AVE
City-St-Zip: VIRGINIA BEACH, VA 23451

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
Name:
Address:
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 exemption stated 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 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

ED

05/08/2009

Electronic Signature of Signing Officer or Director

_____ Date