

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000005849

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

**Current Principal Place of Business:**

925 FLAMINGO AVE.  
STUART, FL 34996

**Current Mailing Address:**

PO BOX 483  
STUART, FL 34995 US

**FEI Number: 65-0539147**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

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

*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

**Officer/Director Detail :**

Title P  
Name LINDA, BRESS  
Address 1215 BRANDON AVE  
City-State-Zip: NORFOLK VA 23507

Title S  
Name MATTHEWS, EDNA  
Address PO BOX 8412  
City-State-Zip: RICHMOND VA 23226

Title D  
Name KUHN, JONNIE-RUTH  
Address 3487 SE FAIROAKS  
City-State-Zip: STUART FL 34997

Title D  
Name ABELL, CHARLOTTE  
Address 3934 BAKER RD  
City-State-Zip: WESTMINSTER MD 21157

Title D  
Name KAREN, MALFREGEOT H  
Address 925 FLAMINGO AVE  
City-State-Zip: STUART FL 31996

*I hereby 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 all other like empowered.*

**SIGNATURE: KAREN H. MALFREGEOT**

**REGISTERED AGENT**

**02/26/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date