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Apr 26, 1999 8:00 am
Secretary of State

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000005849

1. Corporation Name
FOR PURPOSE, INC.

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

Mailing Address
925 FLAMINGO AVE.
STUART FL 34996
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/29/1994	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0539147	Applied For No Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country		
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
MALFREGEOT, KAREN H. 925 FLAMINGO AVE. STUART FL 34996				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				FL	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NO) E: Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MYERS, ROBERT K	1.2 NAME	Jacqui Welker
STREET ADDRESS	596 CENTRAL DR. #104	1.3 STREET ADDRESS	6190 Franklin Blvd.
CITY-ST-ZIP	VIRGINIA BEACH VA 23454	1.4 CITY-ST-ZIP	Cleveland
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASHTON, JAN	2.2 NAME	Jayma Delaney
STREET ADDRESS	5120 CYPRESS PT. CIR. #202	2.3 STREET ADDRESS	1976 Columbia Rd
CITY-ST-ZIP	VIRGINIA BEACH FL 23455	2.4 CITY-ST-ZIP	Valley City, OH 44280
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALFREGEOT, KAREN	3.2 NAME	Rachelle Hasnas
STREET ADDRESS	925 FLAMINGO AVENUE	3.3 STREET ADDRESS	1063 Tottenham LN
CITY-ST-ZIP	STUART FL 34996	3.4 CITY-ST-ZIP	Virginia Beach, VA 23454
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KUHN, JONNIE-RUTH	4.2 NAME	Linda Bress
STREET ADDRESS	4260 S.E. WHITCAR WAY	4.3 STREET ADDRESS	6000 River Rd
CITY-ST-ZIP	STUART FL 34997	4.4 CITY-ST-ZIP	Norfolk, VA 23505
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ONIELE, DAMIEN	5.2 NAME	
STREET ADDRESS	3156 MIMOSA DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL 34997	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABELL, CHARLOTTE	6.2 NAME	
STREET ADDRESS	3934 BAKER RD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	WESTMINSTER MD 21157	6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

KAREN H. MALFREGEOT, USED Karen H. Malfregeot

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E037 (1/98)