

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2003 8:00 am**  
**Secretary of State**

02-26-2003 90180 008 \*\*\*\*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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0539147**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

**FILE NOW: FEE IS \$61.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<b>P</b> <b>MALPREGEOT, KAREN H</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>925 FLAMINGO AVE</b>	
CITY-ST-ZIP	<b>STUART FL 34996</b>	
TITLE NAME	<b>VP</b> <b>HASNAS, ROCHELLE</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>1063 TOTTENHAM LANE</b>	
CITY-ST-ZIP	<b>VIRGINIA BEACH VA 23454</b>	
TITLE NAME	<b>S</b> <b>MATTHEWS, EDNA</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>PO BOX 8412</b>	
CITY-ST-ZIP	<b>RICHMOND VA 23226</b>	
TITLE NAME	<b>T</b> <b>KUHN, JONNIE-RUTH</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>4260 S.E. WHITICAR WAY</b>	
CITY-ST-ZIP	<b>STUART FL 34997</b>	
TITLE NAME	<b>D</b> <b>DELANEY, MICHAEL</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>1250 MOUNTANA ROAD NE</b>	
CITY-ST-ZIP	<b>ALBUQUERQUE NM 87112</b>	
TITLE NAME	<b>D</b> <b>BRESS, LINDA</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>6000 W RIVER ROAD</b>	
CITY-ST-ZIP	<b>NORFOLK VA 23505</b>	

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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. Malpregeot* **KAREN H. Malpregeot** 2/24/03 772-287-1475

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)