2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2004
Secretary of State

DOCUMENT# N02000004588

Entity Name: TURNING POINT INTERNATIONAL CHURCH, INC.

Current Principal Place of Business:

6866 BLOUNTSWON HWY
TALLAHASSEE, FL 32310

New Principal Place of Business:

Current Mailing Address:

M.I.C.
POST OFFICE BOX 5121
TALLAHASSEE, FL 323145121

New Mailing Address:

FEI Number: 01-0712492 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

POULOS, MILLIE
1426 PEPPER DRIVE
TALLAHASSEE, FL 32304 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: DP ( ) Delete
Name: TOMPKINS, ROSALIND Y
Address: 1500 LAKE AVE
City-St-Zip: TALLAHASSEE, FL 32310

Title: DV ( ) Delete
Name: PALMORE, NETTIE
Address: 42 RICHARDSON RD
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: S ( ) Delete
Name: JONES, ALEXIA
Address: 1637 STUCKEY ST
City-St-Zip: TALLAHASSEE, FL 32310

Title: D ( ) Delete
Name: JONES, ALEXIA
Address: 1637 STUCKEY ST
City-St-Zip: TALLAHASSEE, FL 32310

Title: T ( ) Delete
Name: POULOUS, MILLIE
Address: 1500 LAKE AVE
City-St-Zip: TALLAHASSEE, FL 32310

Title: CJ ( ) Delete
Name: WHITSIDE, CJ
Address: PO BOX 452
City-St-Zip: QUINCY, FL 32353

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: T (X) Change ( ) Addition
Name: ROLLINS, RENAE
Address: 2214 SKYLAND DR.
City-St-Zip: TALLAHASSEE, FL 32303

Title: D (X) Change ( ) Addition
Name: POULOS, MILLIE
Address: 1426 PEPPER DR.
City-St-Zip: TALLAHASSEE, FL 32304

Title: D (X) Change ( ) Addition
Name: WHITSIDE, CJ
Address: PO BOX 452
City-St-Zip: QUINCY, FL 32353

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ROSALIND Y. TOMPKINS D/P 04/20/2004

Electronic Signature of Signing Officer or Director — Date