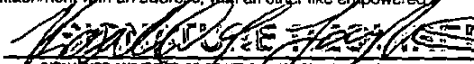


FILED
May 12, 2003 8:00 am
Secretary of State

04-21-2003 91197 011 ****61.25

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

DOCUMENT # N02000004588			
1. Entity Name TURNING POINT INTERNATIONAL CHURCH, INC.			
Principal Place of Business 2015 HOLTON STREET TALLAHASSEE FL 32310		Mailing Address M.I.C. POST OFFICE BOX 5121 TALLAHASSEE FL 32314-5121	
2. Principal Place of Business 6866 Blountstwon Hwy.		3. Mailing Address M.I.C. PO Box 5121	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Tallahassee, FL 32310		City & State Tallahassee, FL	
Zip 32310		Country Leon	
Country		Country	
4. FEI Number 01-0712492		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent POULOS, MILLIE 1426 PEPPER DRIVE TALLAHASSEE FL 32304		7. Name and Address of New Registered Agent 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 _____ (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 D President ☐ Delete NAME Rosalind Y. Tompkins STREET ADDRESS 1500 Lake Ave. CITY-ST-ZIP Tallahassee, FL 32310		TITLE T ☐ Change ☐ Addition NAME Mike Thompson STREET ADDRESS 1210 Old Bainbridge Rd. CITY-ST-ZIP Tallahassee, FL 32303	
TITLE D Vice President ☐ Delete NAME Nettie Palmore STREET ADDRESS 42 Richardson Rd. CITY-ST-ZIP Crawfordville, FL 32327		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE D Secretary ☐ Delete NAME Alexia Jones STREET ADDRESS 1637 Stuckey St. CITY-ST-ZIP Tallahassee, FL 32310		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE D Treasurer ☐ Delete NAME Renae Rollins STREET ADDRESS 605 Hampton St. CITY-ST-ZIP Tallahassee, FL 32304		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE T ☐ Delete NAME Millie Poulos STREET ADDRESS 1500 Lake Ave. CITY-ST-ZIP Tallahassee, FL 32310		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE T ☐ Delete NAME C.J. Whiteside STREET ADDRESS PO Box 452 CITY-ST-ZIP Quincy, FL 32353		TITLE ☐ Change ☐ Addition NAME 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: 		850/350-0218 or 1222-7705	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	