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.

55039509

Principal Place of Business	Mailing Address
2015 HOLTON STREET TALLAHASSEE FL 32310	M.I.C. POST OFFICE BOX 5121 TALLAHASSEE FL 32314-5121

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
6866 Blountstwon Hwy.	M.I.C.
Suite, Apt. #, etc.	Suite, Apt. #, etc. PO Box 5121
City & State Tallahassee, FL 32310	City & State Tallahassee,FL
Zip 32310 Country	Zip 32314-5121 Country Leon

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	7. Name and Address of New Registered Agent
POULOS, MILLIE 1428 PEPPER DRIVE TALLAHASSEE FL 32304	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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME President STREET ADDRESS Rosalind Y. Tompkins CITY-ST-ZIP 1500 Lake Ave. Tallahassee, FL 32310 ☐ Delete	TITLE T NAME Mike Thompson STREET ADDRESS 1210 Old Bainbridge Rd. CITY-ST-ZIP Tallahassee, FL 32303 ☐ Change ☐ Addition
TITLE D NAME Vice President STREET ADDRESS Nettie Palmore CITY-ST-ZIP 42 Richardson Rd. Crawfordville, FL 32327 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE D NAME Secretary STREET ADDRESS Alexia Jones CITY-ST-ZIP 1637 Stuckey St. Tallahassee, FL 32310 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE D NAME Treasurer STREET ADDRESS Renae Rollins CITY-ST-ZIP 605 Hampton St. Tallahassee, FL 32304 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE T NAME Millie Poulos STREET ADDRESS 1500 Lake Ave. CITY-ST-ZIP Tallahassee, FL 32310 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE T NAME C.J. Whiteside STREET ADDRESS PO Box 452 CITY-ST-ZIP Quincy, FL 32353 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

CR2E037 (10/02)

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: _____ Rosalind Y, Tompkins 04/08/03 850/350-0218 or 222-7705

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #