

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004588

Entity Name: TURNING POINT INTERNATIONAL CHURCH, INC.**Current Principal Place of Business:**6866 BLOUNTSTOWN HWY
TALLAHASSEE, FL 32310**Current Mailing Address:**T.P.I.C.
POST OFFICE BOX 5121
TALLAHASSEE, FL 32314-5121 US**FEI Number: 01-0712492****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DURHAM, SHARON E
4921 LESTER RD.
TALLAHASSEE, FL 32317 US*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**Officer/Director Detail :**

Title	DP
Name	TOMPKINS, ROSALIND Y
Address	PO BOX 5121
City-State-Zip:	TALLAHASSEE FL 32314
Title	T/D
Name	LEWIS, RICHARD K
Address	3700 CAPITAL CIRCLE SE APT 824
City-State-Zip:	TALLAHASSEE FL 32311
Title	DIRECTOR
Name	THOMPSON, JUANITA
Address	7316 WAGON TRAIL LANE
City-State-Zip:	TALLAHASSEE FL 32310
Title	S/D
Name	PALMORE, NETTIE
Address	2605 HOLTON ST.
City-State-Zip:	TALLAHASSEE FL 32310

Title	DV
Name	DURHAM, SHARON E
Address	4921 LESTER RD.
City-State-Zip:	TALLAHASSEE FL 32317
Title	DIRECTOR
Name	THOMPSON, MIKE
Address	7316 WAGON TRAIL LANE
City-State-Zip:	TALLAHASSEE FL 32310
Title	DIRECTOR
Name	HOLLOWAY, JANAR
Address	1111 BATON ROUGE CT.
City-State-Zip:	TALLAHASSEE FL 32305
Title	DIRECTOR
Name	POULOS, MILLIE F
Address	306 DIXIE DR. APT. 2104
City-State-Zip:	TALLAHASSEE FL 32304

I hereby 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 all other like empowered.

SIGNATURE: ROSALIND Y. TOMPKINS**D/P****01/19/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date