

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jul 12, 1999 8:00 am**  
**Secretary of State**

07-12-1999 90011 014 \*\*\*\*61.25

**DOCUMENT # F94000003349**

1. Corporation Name

**TURNING POINT OUTREACH, INC.**

Principal Place of Business

P.O. BOX 100200  
PALM BAY FL 32910

Mailing Address

P.O. BOX 100200  
PALM BAY FL 32910



586096-90011-14 6 \*



2. Principal Place of Business

1 Suite, Apt. #, etc.

2 City & State

3 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

**06/27/1994**

4. FEI Number

**39-1740516**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

JENNINGS, DEBRA  
1450 DOWD CT. SE  
PALM BAY FL 32909

10. Name and Address of New Registered Agent

81 Name **JOSEPH JENNINGS**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**1450 DOWD CT. SE**  
83 **PALM BAY, FL**  
84 City

FL 85 Zip Code  
**32909**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**7/6/99**

12. OFFICERS AND DIRECTORS

12.	OFFICERS AND DIRECTORS	
TITLE	PCD	<input type="checkbox"/> DELETE
NAME	JENNINGS, JOSEPH	
STREET ADDRESS	1450 DOWD CT. SE	
CITY-STATE-ZIP	PALM BAY FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	JENNINGS, DEBRA	
STREET ADDRESS	1450 DOWD CT. SE	
CITY-STATE-ZIP	PALM BAY FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GUNGOR, EDWIN	
STREET ADDRESS	511 E. 2ND STREET	
CITY-STATE-ZIP	MARSHFIELD WI	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SMITH, GLENN	
STREET ADDRESS	408 E. 3RD STREET	
CITY-STATE-ZIP	MARSHFIELD WI	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-STATE-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-STATE-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-ZIP		

4. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)

0002037