2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000004914

Entity Name: THE TURNING POINT ENRICHMENT MINISTRIES, INC.

FILED May 01, 2002 8:00 AM Secretary of State

Current Principal Place of Business:

1523 THORNHILL CIRCLE
OVIEDO, FL 32765

New Principal Place of Business:

Current Mailing Address: New Mailing Address:

P. O. BOX 5111 P. O. BOX 5111

WINTER PARK, FL 32793 WINTER PARK, FL 32793 US

FEI Number: 59-3730725 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CHAPMAN, ALEX JR 1523 THORNHILL CIRCLE OVIEDO, FL 32765

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:

- Flateria Circulus I Davidoud Acad

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD
 () Delete
 Title:
 VTD
 (X) Change () Addition

 Name:
 CHAPMAN, GERTRUDE J
 Name:
 CHAPMAN, ALEX JR.

 Address:
 1523 THORNHILL CIRCLE
 Address:
 1523 THORNHILL CIRCLE

 City-St-Zip:
 OVIEDO, FL 32765 US
 OVIEDO, FL 32765 US

Title: VD () Delete Title: PD (X) Change () Addition Name: CHAPMAN, ALEX JR. Name: CHAPMAN, GERTRUDE J Address: 1523 THORNHII L CIRCLE

Address: 1523 THORNHILL CIRCLE
City-St-Zip: OVIEDO, FL 32765 US

Address: 1523 THORNHILL CIRCLE
City-St-Zip: OVIEDO, FL 32765 US

OVIEDO, FL 32765 US

Title: AVD () Delete Title: ATD (X) Change () Addition Name: ROUSE, JAMES Name: ROUSE, JAMES

 Address:
 267 WILSON AVENUE
 Address:
 267 WILSON AVENUE

 City-St-Zip:
 OVIEDO, FL 32765 US
 City-St-Zip:
 OVIEDO, FL 32765 US

 $\label{eq:title:Title:SD} \textit{Title:} \qquad \textit{SD} \qquad \textit{(X) Change () Addition}$

 Name:
 SMITH, LEROY
 Name:
 ROUSE, ROSE

 Address:
 3803 LANDLUBBER STREET
 Address:
 267 WILSON AVENUE

 City-St-Zip:
 ORLANDO, FL 32812 US
 City-St-Zip:
 OVIEDO, FL 32765 US

Title: ATD () Delete Title: D (X) Change () Addition

 Name:
 BELL, O.C.
 Name:
 CHAPMAN, KEVIN A

 Address:
 3089 EAST STREET
 Address:
 1523 THORNHILL CIRCLE

 City-St-Zip:
 OVIEDO, FL 32765 US
 City-St-Zip:
 OVIEDO, FL 32765 US

Title: SD () Delete Title: D (X) Change () Addition

 Name:
 SMITH, TERRI
 Name:
 CHAPMAN, BRYAN M

 Address:
 3803 LANDLUBBER STREET
 Address:
 1523 THORNHILL CIRCLE

 City-St-Zip:
 ORLANDO, FL 32812 US
 City-St-Zip:
 OVIEDO, FL 32765 US

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: GERTRUDE J. CHAPMAN PD 05/01/2002