

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004588

FILED
Apr 27, 2006
Secretary of State

Entity Name: TURNING POINT INTERNATIONAL CHURCH, INC.

Current Principal Place of Business:

6866 BLOUNTSWON HWY
TALLAHASSEE, FL 32310

New Principal Place of Business:

Current Mailing Address:

M.I.C.
POST OFFICE BOX 5121
TALLAHASSEE, FL 323145121

New Mailing Address:

FEI Number: 01-0712492 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POULOS, MILLIE
2248 LAKE HERITAGE DR.
TALLAHASSEE, FL 32311 US

Name and Address of New Registered Agent:

POULOS, MILLIE
1820 MEDART DR.
TALLAHASSEE, FL 32303 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: MILLIE POULOS 04/27/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: TOMPKINS, ROSALIND Y
Address: 1500 LAKE AVE
City-St-Zip: TALLAHASSEE, FL 32310

Title: DV () Delete
Name: PALMORE, NETTIE
Address: 42 RICHARDSON RD
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: S () Delete
Name: HOLMES, VANESSA
Address: 12984 FOREST RUN CT.
City-St-Zip: MONTICELLO, FL 32317

Title: T () Delete
Name: ROLLINS, RENAE
Address: 2214 SKYLAND DR.
City-St-Zip: TALLAHASSEE, FL 32303

Title: D () Delete
Name: POULOS, MILLIE
Address: 2248 LAKE HERITAGE DR.
City-St-Zip: TALLAHASSEE, FL 32311

Title: D (X) Delete
Name: WHITESIDE, CJ
Address: PO BOX 452
City-St-Zip: QUINCY, FL 32353

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: POULOS, MILLIE
Address: 1820 MEDART DR.
City-St-Zip: TALLAHASSEE, FL 32303

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: WHITESIDE, CJ
Address: PO BOX 452
City-St-Zip: QUINCY, FL 32353

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: ROSALIND Y. TOMPKINS D/P 04/27/2006

Electronic Signature of Signing Officer or Director Date