2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004588

FILED May 14, 2008 Secretary of State

Entity Name: TURNING POINT INTERNATIONAL CHURCH, INC. **Current Principal Place of Business: New Principal Place of Business:** 6866 BLOUNTSTOWN HWY TALLAHASSEE, FL 32310 **Current Mailing Address: New Mailing Address:** M.I.C. POST OFFICE BOX 5121 TALLAHASSEE, FL 323145121 FEI Number: 01-0712492 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: POULOS, MILLIE POULOS, MILLIE 1315 AIRPORT DR., APT. B1 1820 MEDART DR. TALLAHASSEE, FL 32303 TALLAHASSEE, FL 32304 US 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 05/14/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition TOMPKINS, ROSALIND Y Name: Name: 1500 LAKE AVE Address: Address: City-St-Zip: TALLAHASSEE, FL 32310 City-St-Zip: Title: () Delete Title: DV (X) Change () Addition PALMORE, NETTIE Name: ROLLINS, RENAE Name: Address: 42 RICHARDSON RD Address: 2415 SAN PEDRO AVE. City-St-Zip: CRAWFORDVILLE, FL 32327 City-St-Zip: TALLAHASSEE, FL 32303 Title: () Delete Title: (X) Change () Addition DURHAM, SHARON LOISEAU, SUE-ELLEN Name: Name: 4921 LESTER ROAD Address: Address: 4606 TALL OAK DR. City-St-Zip: TALLAHASSEE, FL 32317 City-St-Zip: TALLAHASSEE, FL 32305 Title: () Delete Title: (X) Change () Addition ROLLINS, RENAE Name: Name: DURHAM, SHARON 2214 SKYLAND DR. Address: Address: 4921 LESTER RD. City-St-Zip: TALLAHASSEE, FL 32303 City-St-Zip: TALLAHASSEE, FL 32317 Title: () Delete Title: () Change () Addition WHITESIDE, CJ Name: Name: PO BOX 452 Address: Address: QUINCY, FL 32353 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 DP 05/14/2008