2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 24, 2006 8:00 am Secretary of State

DOCUMENT # N0500006082 1. Entity Name TURNING POINT CHRISTIAN ACADEMY, INC.					01-24-2006 90009 029 ****70.00					
Principal Place of Business 5520 UNIVERISTY BLVD W JACKSONVILLE, FL 32216		Mailing Address 5520 UNIVERISTY BLVD W JACKSONVILLE, FL 32216								
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01172006	Chg-NP	CR2E	037 (11/05)		
City & State		City & State			4. FEI Numb	er 388770			plied For at Applicable	
Zip	Country	Zip	Country		T	of Status Desired	<u> </u>	\$8.75 Add	litional	
	6. Name and Address of Current	Registered Agent		•••	7. Name and	Address of New	/ Registere	d Agent		
MYERS, LEON			Nan	Name						
5520 UNIVERISTY BLVD W JACKSONVILLE, FL 32216			Stre	Street Address (P.O. Box Number is Not Acceptable)						
	,									
			City				F	L Zip Code	ė	
	named entity submits this statement folions of registered agent.	or the purpose of changing its re	egistered offic	ce or register	red agent, or bo	th, in the State of	Florida. I a	m familiar with,	and accept	
SIGNATURE										
t	Standard transfer printed name of registered even	and title if englicable (NOTE)	Decusioned Acent	tirentura racuiras	d when reinstation)		DATE	:		
	Signature, typed or printed name of registered agen			<u> </u>	d when reinstating)	1	DATE			
	Signature, typed or printed name of registered agen Filling Fee is \$61.25 Due by May 1, 2006	9. Election Camp Trust Fund Co	paign Financi	<u> </u>	\$5.00 May E Added to Fees		Make che	ck payable to artment of St		
10.	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND D	9. Election Camp Trust Fund Co	paign Financi	ng 🗆	\$5.00 May E Added to Fees		Make che orida Dep	ck payable to artment of Si	tate	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/2006

(904) 545-3345

Daytime Phone #