

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 05, 2007 8:00 am
Secretary of State

04-05-2007 90145 029 ****61.25

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01052007 Chg-NP CR2E037 (12/06)

DOCUMENT # N05000011435					
1. Entity Name TURNINGPOINT COMMUNITY CHURCH INC					
Principal Place of Business INDIAN TRAILS SCHOOL 5505 BELLE TERR PKWY PALM COAST, FL 32137			Mailing Address P.O. BOX 350467 PALM COAST, FL 32135		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-3801169	
Applied For		Not Applicable			
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PLETCHER, MICHAEL K 204 PRITCHARD DRIVE PALM COAST, FL 32164			Name <u>Jeff Knight</u> Street Address (P.O. Box Number is Not Acceptable) <u>4721 E Moody Blvd, Bldg 505/506</u> City <u>Bunnell</u> FL Zip Code <u>32110</u>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>Jeffrey G. Knight</u>		Jeffrey G. Knight		DATE <u>03/27/07</u>	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PLETCHER, MICHAEL K		NAME	David Hodae	
STREET ADDRESS	204 PRITCHARD DRIVE		STREET ADDRESS	325 Apache Trail	
CITY-ST-ZIP	PALM COAST, FL 32164		CITY-ST-ZIP	Ormond Beach, FL 32174	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Jeff Knight	
STREET ADDRESS			STREET ADDRESS	1 Westbriar Lane	
CITY-ST-ZIP			CITY-ST-ZIP	Palm Coast, FL 32164	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>Jeffrey G. Knight</u>		Jeffrey G. Knight		DATE <u>03/27/07</u> 3864376721	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	