

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Matham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED  
93 MAY -1 AM 9:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N93000004296 (0)**

1. Corporation Name  
**PROJECT: TURNING-POINT, INC.**

Principal Place of Business      Mailing Address  
**201 S ORANGE ST      201 S ORANGE ST**  
**NEW SMYRNA BEACH FL 32168      NEW SMYRNA BEACH FL 32168**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified      3a. Date of Last Report  
**09/17/1993      05/01/1994**

4. FEI Number      Applied For  
**59-3216473      Not Applicable**

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution       **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status       **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes       Yes       No

2. Principal Place of Business      2a. Mailing Address  
**21      26**

Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**22      27**

City & State      City & State  
**23      28**

Zip      Country      Zip      Country  
**24      25      29      30**

9. Name and Address of Current Registered Agent  
**MOFFATT, J D  
201 S ORANGE ST  
NEW SMYRNA BEACH FL 32168**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City      **FL**      85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE      TDM  
NAME      MOFFATT, J DAVE  
STREET ADDRESS      115 HARDIN PL  
CITY - ST - ZIP      EDGEWATER FL

TITLE      T  
NAME      HOFFMAN, WARREN  
STREET ADDRESS      607 ORANGE TREE DR  
CITY - ST - ZIP      ORANGE CITY FL

TITLE      TST  
NAME      ACHESON, CHARLES D  
STREET ADDRESS      1420 TRAVELERS PALM DR  
CITY - ST - ZIP      EDGEWATER FL

TITLE      TVC  
NAME      WILLIAMS, FREDDIE J  
STREET ADDRESS      3950 TIGER BAY RD  
CITY - ST - ZIP      DAYTONA BEACH FL

TITLE      TC  
NAME      GRADY, FRANK  
STREET ADDRESS      301 NORTH STEWART AVE  
CITY - ST - ZIP      DELAND FL

TITLE      T  
NAME      EDDY, DAN  
STREET ADDRESS      532 HAMLET DR  
CITY - ST - ZIP      PORT OANGE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE       Change       Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE       Change       Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE       Change       Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE       Change       Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE       Change       Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE       Change       Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with my address.

SIGNATURE: *J. Dave Moffatt*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-95 427-9511 (A/904)  
Date      (Expiration Month & Year)