

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N93000004296 (0)**

1. Corporation Name

PROJECT: TURNING-POINT, INC.



Principal Place of Business

Mailing Address

201 S ORANGE ST
NEW SMYRNA BEACH FL 32168

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NEW SMYRNA BEACH FL 32168

3. Date Incorporated or Qualified
09/17/1993

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

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4. FEI Number

59-3216473

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

22

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24

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Country

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Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MOFFATT, J D
201 S ORANGE ST
NEW SMYRNA BEACH FL 32168**

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 617.0502 and 617.1508, 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 617.0503, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	TDM	<input type="checkbox"/> DELETE
NAME	MOFFATT, J DAVE	
STREET ADDRESS	115 HARDIN PL	
CITY - ST - ZIP	EDGEWATER FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HOFFMAN, WARREN	
STREET ADDRESS	607 ORANGE TREE DR	
CITY - ST - ZIP	ORANGE CITY FL	
TITLE	TST	<input type="checkbox"/> DELETE
NAME	ACHESON, CHARLES D	
STREET ADDRESS	1420 TRAVELERS PALM DR	
CITY - ST - ZIP	EDGEWATER FL	
TITLE	TVC	<input type="checkbox"/> DELETE
NAME	WILLIAMS, FREDDIE J	
STREET ADDRESS	9350 TIGER BAY RD	
CITY - ST - ZIP	DAYTONA BEACH FL	
TITLE	TC	<input checked="" type="checkbox"/> DELETE
NAME	GRADY, FRANK	
STREET ADDRESS	301 NORTH STEWART AVE	
CITY - ST - ZIP	DELAND FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	EDDY, DAN	
STREET ADDRESS	532 HAMLET DR	
CITY - ST - ZIP	PORT OANGE FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	3269 N. West 105th Street
4.4 CITY - ST - ZIP	OCALA, FL. 34482
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 119.07(3)(k), 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 an address.

SIGNATURE: *J. Dave Moffatt* **J. DAVE MOFFATT 10 APRIL 1996** 904-427-9511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Time/Place

CR2E037 (12/95)