

FILE NOW: FILING FEE IS \$61.25

FILED
May 15 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | 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 201 S ORANGE ST NEW SMYRNA BEACH FL 32168 | Mailing Address 201 S ORANGE ST NEW SMYRNA BEACH FL 32168 |
|---|---|

| | | |
|---|---|---|
| 3. Date Incorporated or Qualified 09/17/1993 | | |
| 4. FEI Number 59-3216473 | Applied For <input type="checkbox"/> | Not Applicable <input checked="" type="checkbox"/> |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees | |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |

| | |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip | 28 Country |
| 24 Country | 25 Zip |
| 29 Zip | 30 Country |

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 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------------------|---|---|
| TITLE | TDM <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MOFFATT, J DAVE | 1.2 NAME | |
| STREET ADDRESS | 115 HARDIN PL | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | EDGEWATER FL | 1.4 CITY-ST-ZIP | |
| TITLE | T <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RICHARDSON, BEV | 2.2 NAME | |
| STREET ADDRESS | 617 GOODWIN AVE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | NEW SMYRNA BCH FL | 2.4 CITY-ST-ZIP | |
| TITLE | TST <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ACHESON, CHARLES D | 3.2 NAME | |
| STREET ADDRESS | 1420 TRAVELERS PALM DR | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | EDGEWATER FL | 3.4 CITY-ST-ZIP | |
| TITLE | VCT <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SEVER, HERB | 4.2 NAME | |
| STREET ADDRESS | 720 SO. 1 ST | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | ORANGE CITY FL | 4.4 CITY-ST-ZIP | |
| TITLE | CBT <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FERRO, REV JOHN A. | 5.2 NAME | |
| STREET ADDRESS | 1301 WOODBRING ST. | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | DAYTONA BCH FL | 5.4 CITY-ST-ZIP | |
| TITLE | T <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DENAURO, EDDIE J. | 6.2 NAME | |
| STREET ADDRESS | 710 LOUSIE AVE | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | NEW SMYRNA BCH FL | 6.4 CITY-ST-ZIP | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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* **1 May 1998** **904-428-5973**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **904-427-9511**
0003156

CR2E037 (10/97)