


FILE NOW: FILING FEE IS \$61.25

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Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90046 005 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N93000004296		
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	



2. Principal Place of Business 21 115 HARDIN PLACE	2a. Mailing Address 26 P/O Box # 156	3. Date Incorporated or Qualified 09/17/1993
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3216473
City & State 23 EDGEWATER, FL.	City & State 28 EDGEWATER, FL.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24 32132-3603 25 FLORIDA	Zip 29 32132-0156 30 FLORIDA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 (same)	85 Zip Code 32132
		82 Street Address (P.O. Box Number is Not Acceptable) 115 HARDIN PLACE	
		83	
		84 City EDGEWATER FL	

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: *J. Dave Moffatt* **J. DAVE MOFFATT TDM** DATE: **16 MARCH 1999**

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, with all other like empowered.

SIGNATURE: *J. Dave Moffatt* **J. DAVE MOFFATT** DATE: **16 MARCH 1999** (904) 427-9511

Signature and typed or printed name of signing officer or director. Date. Daytime Phone #

0002723

CR2E037 (1/1/98)