

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2001 8:00 am**  
**Secretary of State**

04-23-2001 90054 001 \*\*\*\*70.00

**DOCUMENT # N93000004296**

1. Entity Name

**PROJECT: TURNING-POINT, INC.**

Principal Place of Business

115 HARDIN PLACE  
 EDGEWATER FL 32132-3603

Mailing Address

PO BOX 156  
 EDGEWATER FL 32132-0156

A U U J J U U U



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3216473

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOFFATT, J D  
 115 HARDIN PL  
 EDGEWATER FL 32132

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00 May Be Added to Fees**

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TDM	<input type="checkbox"/> Delete
NAME	MOFFATT, J DAVE	
STREET ADDRESS	115 HARDIN PL	
CITY-ST-ZIP	EDGEWATER FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	RICHARDSON, BEV	
STREET ADDRESS	617 GOODWIN AVE	
CITY-ST-ZIP	NEW SMYRNA BCH FL	
TITLE	<del>T</del>	<input checked="" type="checkbox"/> Delete
NAME	ACHESON, CHARLES D	
STREET ADDRESS	1420 TRAVELERS PALM DR	
CITY-ST-ZIP	EDGEWATER FL	
TITLE	<del>VCT</del>	<input checked="" type="checkbox"/> Delete
NAME	SEVER, HERB	
STREET ADDRESS	720 SO. 1 ST	
CITY-ST-ZIP	ORANGE CITY FL	
TITLE	<del>GBT</del>	<input checked="" type="checkbox"/> Delete
NAME	FERRO, REV JOHN A.	
STREET ADDRESS	1301 WOODBRING ST.	
CITY-ST-ZIP	DAYTONA BCH FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	DENAURO, EDDIE J.	
STREET ADDRESS	710 LOUSIE AVE	
CITY-ST-ZIP	NEW SMYRNA BCH FL	

TITLE	GBT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WARREN HOFFMAN	
STREET ADDRESS	600 So. FLORIDA AVE. # 26	
CITY-ST-ZIP	DeLAND, FL. 32720	
TITLE	VCT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHARLES SILANO	
STREET ADDRESS	13 FERNHAM LANE	
CITY-ST-ZIP	PALM COAST, FL. 32137	
TITLE	TS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEVE HARRELL	
STREET ADDRESS	2781 LETHA ROAD	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL. 32168	
TITLE	TT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMAS WILCOX	
STREET ADDRESS	123 E. PARK AVE.	
CITY-ST-ZIP	EDGEWATER, FL. 32132	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PHILIP HOARD	
STREET ADDRESS	6179 HALF MOON DRIVE	
CITY-ST-ZIP	PORT ORANGE, FL. 32127	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

14 April 2001 (386) 427-9511  
 Date Daytime Phone #

CR2E037 (10/00)