

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2002 8:00 am
Secretary of State

02-12-2002 90098 016 ****61.25

DOCUMENT # N93000004296

1. Entity Name

PROJECT: TURNING-POINT, INC.

Principal Place of Business

Mailing Address

115 HARDIN PLACE
 EDGEWATER FL 32132-3603

PO BOX 156
 EDGEWATER FL 32132-0156

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **CBT HOFFMAN, WARREN**
 STREET ADDRESS **600 SOUTH FLORIDA AVENUE #26**
 CITY-ST-ZIP **DELAND FL 32720**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VCT SILANO, CHARLES**
 STREET ADDRESS **13 FERNHAM LANE**
 CITY-ST-ZIP **PALM COAST FL 32137**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **TS HARRELL, STEVE**
 STREET ADDRESS **2781 LETHA ROAD**
 CITY-ST-ZIP **NEW SMYRNA BEACH FL 32168**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **TT WILCOX, THOMAS**
 STREET ADDRESS **123 EAST PARK AVENUE**
 CITY-ST-ZIP **EDGEWATER FL 32132**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **T HOARD, PHILIP**
 STREET ADDRESS **6179 HALF MOON DRIVE**
 CITY-ST-ZIP **PORT ORANGE FL 32127**

TITLE Change 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. Dave Moffatt* **J. DAVE MOFFATT** 25 Jan. 2002 (386) 427-9511
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)