

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004296

FILED
Apr 21, 2009
Secretary of State

Entity Name: PROJECT: TURNING-POINT, INC.

Current Principal Place of Business:

2643 FAIRFAX AVE
NEW SMYRNA BEACH, FL 321685716 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 156
EDGEWATER, FL 321320156

New Mailing Address:

FEI Number: 59-3216473 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOFFATT, J D TDM
2643 FAIRFAX AVE.
NEW SMYRNA BEACH, FL 32168 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TDM () Delete
Name: MOFFATT, J. DAVE
Address: 2643 FAIRFAX AVE.
City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

Title: CBT () Delete
Name: HOFFMAN, WARREN
Address: 600 SOUTH FLORIDA AVENUE #26
City-St-Zip: DELAND, FL 32720

Title: VCT () Delete
Name: SILANO, CHARLES
Address: 13 FERNHAM LANE
City-St-Zip: PALM COAST, FL 32137

Title: TS () Delete
Name: HARRELL, STEVE
Address: 2781 LETHA ROAD
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: TT () Delete
Name: WILCOX, THOMAS
Address: 2043 GUAVA DRIVE
City-St-Zip: EDGEWATER, FL 32141

Title: T () Delete
Name: HOARD, PHILIP
Address: 1131 ORANGEWOOD AVE
City-St-Zip: DELAND, FL 32724

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: J. DAVE MOFFATT

Electronic Signature of Signing Officer or Director

TDM

04/21/2009

Date