

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004296

FILED
Apr 25, 2011
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
Name: MOFFATT, J. DAVE
Address: 2643 FAIRFAX AVE.
City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

Title: CBT
Name: WILCOX, THOMAS E
Address: 1595 JULIA STREET
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: VCT
Name: MOFFATT, AUDREY H
Address: 2643 FAIRFAX AVE.
City-St-Zip: NEW SMYRNA BEACH, FL 32168

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

Title: TT
Name: MALDONADO, VICTOR
Address: 229 MORNINGSIDE AVE
City-St-Zip: DAYTONA BEACH, FL 32118

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

I hereby 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 all other like empowered.

SIGNATURE: I.DAVE MOFFATT

TDM

04/25/2011

Electronic Signature of Signing Officer or Director

Date