


2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90199 006 ****61.25

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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **59-3216473**
Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**MOFFATT, J D
115 HARDIN PL
EDGEWATER FL 32132**

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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 Florida Department of State

10. OFFICERS AND DIRECTORS

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TDM MOFFATT, J DAVE 115 HARDIN PL EDGEWATER FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CBT HOFFMAN, WARREN 600 SOUTH FLORIDA AVENUE #26 DELAND FL 32720 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VCT SILANO, CHARLES 13 FERNHAM LANE PALM COAST FL 32137 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TS HARRELL, STEVE 2781 LETHA ROAD NEW SMYRNA BEACH FL 32168 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TT WILCOX, THOMAS 123 EAST PARK AVENUE EDGEWATER FL 32132 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T HOARD, PHILIP 6179 HALF MOON DRIVE PORT ORANGE FL 32127 | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 2424 INDIA PALM DRIVE EDGEWATER, FL. 32141 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 1131 ORANGWOOD AVE DELAND, FL. 32724 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 empowerment.

SIGNATURE: *[Signature]* **10 April 03 (386)409-9886**

CR2E037 (10/02)

Attachment 70041995
PROJECT: TURNING-POINT, INC

P.O. Box 156 - Edgewater, FL 32132 #1430000129

Tel: 386/409 9886 Fax: 386/428-8134

Email: ptp@ucnsb.net

Acts: 26:18

11 April 03



UBR continuation

(7th Trustee)

T

David Morgan

929 Sandcrest Drive

Port Orange, Fl. 32127