

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3216473**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2424 INDIA PALM DRIVE**
CITY-ST-ZIP **EDGEWATER, FL. 32141**

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1131 ORANGWOOD AVE**
CITY-ST-ZIP **DE LAND, FL. 32724**

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