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Jan 17 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000001001 (5)**

1. Corporation Name

**THE TURNING POINT OF BREVARD, INC.**



Principal Place of Business	Mailing Address
1058 GENEVIEVE ST ROCKLEDGE FL 32955 US	P.O. BOX 540442 MERRITT ISLAND FL 32954-0442 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	03/01/1995	06/26/1996
22 City & State	27 City & State	4. FEI Number	Applied For
23 Zip	28 Zip	59-3309457	Not Applicable
24 Country	29 Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25	30	<input type="checkbox"/>	\$5.00 May Be Added to Fees
		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DELEO, JOSEPH E 1970 MICHIGAN AVE. BLDG. C COCOA FL 32923-1888	81 Name ARNA D. CORTAZZO 82 Street Address (P.O. Box Number is Not Acceptable) 846 N. Cocoa Blvd 83 84 City Cocoa FL 85 Zip Code 32922

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Arna D. Cortazzo* 1/8/97  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	DC	1.1 TITLE	P
NAME	HILL, CHARLES R	1.2 NAME	HILL, CHARLES R.
STREET ADDRESS	4580 ANNETTE CT.	1.3 STREET ADDRESS	4580 ANNETTE COURT
CITY-ST-ZIP	MERRITT ISLAND FL	1.4 CITY-ST-ZIP	MERRITT ISLAND, FL. 32953
TITLE	DVC	2.1 TITLE	V
NAME	LUCIER, WILFRED E JR.	2.2 NAME	LUCIER, WILFRED E. JR.
STREET ADDRESS	4840 LAKE MICHIGAN AVE.	2.3 STREET ADDRESS	4840 LAKE MICHIGAN AVE.
CITY-ST-ZIP	COCOA FL	2.4 CITY-ST-ZIP	COCOA, FL. 32926
TITLE	STD	3.1 TITLE	T
NAME	CLARY, NADINE O	3.2 NAME	VAN HOOK, ANN L.
STREET ADDRESS	630 KUREK CT 162	3.3 STREET ADDRESS	1393 FEATHER SOUND
CITY-ST-ZIP	MERRITT ISLAND FL	3.4 CITY-ST-ZIP	ROCKLEDGE, FL. 32955
TITLE		4.1 TITLE	D
NAME		4.2 NAME	RIVERS, STEVEN L.
STREET ADDRESS		4.3 STREET ADDRESS	1052 OLIVE STREET
CITY-ST-ZIP		4.4 CITY-ST-ZIP	COCOA, FL. 32922
TITLE		5.1 TITLE	D
NAME		5.2 NAME	GREEN, BILL
STREET ADDRESS		5.3 STREET ADDRESS	1399 WEST POINT DR #9
CITY-ST-ZIP		5.4 CITY-ST-ZIP	COCOA, FL. 32924
TITLE		6.1 TITLE	D
NAME		6.2 NAME	MCKEE, BILLY
STREET ADDRESS		6.3 STREET ADDRESS	325 DART AVENUE
CITY-ST-ZIP		6.4 CITY-ST-ZIP	MERRITT ISLAND, FL. 32952

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Charles R. Hill* 01/08/97 407-690-3752  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0020175

CR2E037 (9/96)