


FILE NOW: FILING FEE IS \$61.25

FILED

May 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N95000001001 (5) 1. Corporation Name THE TURNING POINT OF BREVARD, INC.					
Principal Place of Business 1058 GENEVIEVE ST ROCKLEDGE FL 32955 US		Mailing Address P.O. BOX 540442 MERRITT ISLAND FL 32954 US			
2. Principal Place of Business 21 1109 MARTHA LEE Suite, Apt. #, etc. 22 City & State 23 ROCKLEDGE, FL. Zip 24 32955		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30		3. Date Incorporated or Qualified 03/01/1995 4. FEI Number 59-3309457 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent CORTAZZO, ARNA D 846 N COCOA BLVD BLDG. C COCOA FL 32922			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	P	<input type="checkbox"/> DELETE			
NAME	HILL, CHARLES R				
STREET ADDRESS	4580 ANNETTE COURT				
CITY-ST-ZIP	MERRITT ISLAND FL				
TITLE	V	<input checked="" type="checkbox"/> DELETE			
NAME	LUCIER, WILFRED E JR				
STREET ADDRESS	4840 LAKE MICHIGAN AVE				
CITY-ST-ZIP	COCOA FL				
TITLE	T	<input checked="" type="checkbox"/> DELETE			
NAME	VANHOOK, ANN L				
STREET ADDRESS	1393 FEATHER SOUND				
CITY-ST-ZIP	ROCKLEDGE FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	RIVERS, STEVEN L				
STREET ADDRESS	1052 OLIVE STREET				
CITY-ST-ZIP	COCOA FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	GREEN, BILL				
STREET ADDRESS	1399 WEST POINT DR #7				
CITY-ST-ZIP	COCOA FL				
TITLE	D	<input checked="" type="checkbox"/> DELETE			
NAME	MCKEE, BILL				
STREET ADDRESS	325 DUET AVENUE				
CITY-ST-ZIP	MERRITT ISLAND FL				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
2.2 NAME		DAN DERBY			
2.3 STREET ADDRESS		104 Orange Avenue			
2.4 CITY-ST-ZIP		Rockledge, FL 32955			
3.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
3.2 NAME		KIM MCCROSSON			
3.3 STREET ADDRESS		4877 ERIN LA			
3.4 CITY-ST-ZIP		MELBOURNE, FL 32940			
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
6.2 NAME		MICHELLE LEWIS			
6.3 STREET ADDRESS		130 Bayanville Drive			
6.4 CITY-ST-ZIP		Rockledge, FL 32955			
14. I 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 CHARLES R. HILL 04/27/98 (407) 690-3257 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0020075					

CR2E037 (10/97)