07201999-90031-033-$70.00-$70.00

FILED
Jul 20, 1999 8:00 am
Secretary of State
07-20-1999 90031 033 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000001001

1. Corporation Name
THE TURNING POINT OF BREVARD, INC.

605069 - 90010 - 16

Principal Place of Business	Mailing Address
1109 MARTHA LEE ROCKLEDGE FL 32955 US	P.O. BOX 540442 MERRITT ISLAND FL 32954 US

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

3. Date Incorporated or Qualified: 03/01/1995

4. FEI Number: 59-3309457 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ X $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

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: ~~B J OWENS~~ Charles R. Hill
82 Street Address (P.O. Box Number is Not Acceptable): 3845 Stonemont Drive
83
84 City: COCOA FL 85 Zip Code: 32926

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: CHARLES R. HILL President DATE: 07/11/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	HILL, CHARLES R		1.2 NAME	PD HILL, CHARLES R.
STREET ADDRESS	4580 ANNETTE COURT		1.3 STREET ADDRESS	3845 STONE MONT DRIVE
CITY-ST-ZIP	MERRITT ISLAND FL		1.4 CITY-ST-ZIP	COCOA FL. 32926
TITLE	V	☒ DELETE	2.1 TITLE	D ☐ Change ☒ Addition
NAME	DERBY, DAN		2.2 NAME	DELONE, FLORINE E.
STREET ADDRESS	1040 ORANGE AVE		2.3 STREET ADDRESS	205 PALMETTO AV #607
CITY-ST-ZIP	ROCKLEDGE FL 32955		2.4 CITY-ST-ZIP	MERRITT IS FL 32953
TITLE	T	☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	MCCROSSON, KIM		3.2 NAME	RD
STREET ADDRESS	4877 ERIN LA		3.3 STREET ADDRESS	4877 ERIN LANE
CITY-ST-ZIP	HELBOUENE FL 32940		3.4 CITY-ST-ZIP	MELBOURNE, FL. 32940
TITLE	D	☐ DELETE	4.1 TITLE	☒ Change ☐ Addition
NAME	RIVERS, STEVEN L		4.2 NAME	D RIVERS, STEVEN L
STREET ADDRESS	1052 OLIVE STREET		4.3 STREET ADDRESS	1109 MARTHA LEE STREET
CITY-ST-ZIP	COCOA FL		4.4 CITY-ST-ZIP	ROCKLEDGE, FL. 32955
TITLE	D	☒ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	GREEN, BILL		5.2 NAME	
STREET ADDRESS	1399 WEST POINT DR #7		5.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA FL		5.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	6.1 TITLE	☒ Change ☐ Addition
NAME	LEWIS, MICHELLE		6.2 NAME	S LEWIS, MICHELLE
STREET ADDRESS	130 BOGANVILLEA DR		6.3 STREET ADDRESS	1515 HUNTINGTON LANE #127
CITY-ST-ZIP	130 BOUYANVILLEA FL 32955		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, with all other like empowered.

SIGNATURE: Charles R. Hill REQUIRED 07/11/99 (407) 690-3757
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (5/99)