

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004326

FILED
Mar 18, 2009
Secretary of State

Entity Name: TURNING POINT OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

2256 WINTER WOODS BLVD
WINTER PARK, FL 32792 US

New Principal Place of Business:

Current Mailing Address:

2256 WINTER WOODS BLVD
WINTER PARK, FL 32792 US

New Mailing Address:

FEI Number: 59-3344663 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KINZLER, GERARD P
2256 WINTER WOODS BLVD.
WINTER PARK, FL 32792 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HOWARD, KEY MR
Address: 419 SEYMOUR COURT
City-St-Zip: OVIEDO, FL 32765

Title: D () Delete
Name: O'CONNOR, CORDELL DR.
Address: 1958 TURNBERRY DRIVE
City-St-Zip: OVIEDO, FL 32765

Title: T () Delete
Name: WHITCOMB, TOM
Address: 2600 MAITLAND CTR PKWY SUITE 300
City-St-Zip: MAITLAND, FL 32751

Title: VP () Delete
Name: BUCHAN, JAMES
Address: 2617 OVERLAKE AVE
City-St-Zip: ORLANDO, FL 32806

Title: S () Delete
Name: GONZALEZ, LUIS J MR.
Address: 1582 PINEHURST DRIVE
City-St-Zip: CASSELBERRY, FL 32707

Title: D (X) Delete
Name: O'GRADY, VICKI
Address: 220 LOOKOUT PLACE
City-St-Zip: MAITLAND, FL 32751

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GONZALEZ, LUIS MR
Address: 410 MELANIE WAY
City-St-Zip: MAITLAND, FL 32751

Title: VP (X) Change () Addition
Name: CARLISLE, DAN MR
Address: 1708 SARONG PLACE
City-St-Zip: WINTER PARK, FL 32792

Title: T (X) Change () Addition
Name: CARLISLE, DAN MR
Address: 1708 SARONG PLACE
City-St-Zip: WINTER PARK, FL 32792

Title: S (X) Change () Addition
Name: O'GRADY, VICKI
Address: 220 LOOKOUT PLACE#100
City-St-Zip: MAITLAND, FL 32751

Title: D (X) Change () Addition
Name: WILSON, VINCENT J DR.
Address: 5729 OAK LAKE TRAIL
City-St-Zip: OVIEDO, FL 32765

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUIS GONZALEZ

PD

03/18/2009

Electronic Signature of Signing Officer or Director

_____ Date