

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000104566

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Entity Name:** TURNING POINT COUNSELING AND CONSULTING, INC.

**Current Principal Place of Business:**

3112 17TH STREET  
ST. CLOUD, FL 34769

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 700692  
ST CLOUD, FL 34770

**New Mailing Address:**

**FEI Number:** 59-3526394

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TURNER, JOANNE  
3112 17TH STREET  
ST. CLOUD, FL 34769 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: VPD  
Name: TURNER, GARY E.  
Address: 3112 17TH STREET  
City-St-Zip: ST. CLOUD, FL 34769

Title: PSTD  
Name: TURNER, JOANNE D  
Address: 3112 17TH STREET  
City-St-Zip: SAINT CLOUD, FL 34769

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOANNE D TURNER

PRES

04/27/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date