

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000772

Entity Name: G.T.C.TURNINGPOINT, INC.**Current Principal Place of Business:**321 NORTHLAKE BOULEVARD
SUITE 112
NORTH PALM BEACH, FL 33408**Current Mailing Address:**9439 KEATING DR
PALM BEACH GARDENS, FL 33410 US**FEI Number:** 68-0644857**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PATRICK, PERVIS
9439 KEATING DRIVE
PALM BEACH GARDENS, FL 33410 US*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**Officer/Director Detail :**

Title	D
Name	PATRICK, MICHELE
Address	9439 KEATING DRIVE
City-State-Zip:	PALM BEACH GARDENS FL 33410

Title	D
Name	ROMEAR, DR
Address	9439 KEATING DRIVE
City-State-Zip:	PALM BEACH GARDENS FL 33410

Title	D
Name	WILLIAMS, VESE
Address	2081 CEZANNE RD
City-State-Zip:	W PALM BCH FL 33409

Title	D
Name	HULTGREEN, BARBARA
Address	6620 146TH RD
City-State-Zip:	N PALM BCH GARDEN FL 33418

Title	D
Name	PATRICK, PERVIS
Address	9439 KEATING DRIVE
City-State-Zip:	PALM BEACH GARDENS FL 33410

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

SIGNATURE: PERVIS PATRICK**DIRECTOR****04/15/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date