

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

ANNUAL REPORT

1995



APPROVED
AND
FILED

SSMAY-1 PM12:11

DOCUMENT # 700202

(5)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DISCOVERY CHURCH, INC.

Principal Office Address

4400 S. ORANGE AVE
ORLANDO FL 32806
US

Mail Stop Address

4400 S. ORANGE AVE
ORLANDO FL 32806
US

(If Not Applicable, Leave Blank)

3. Date of Appointment or Registration	3a. Date of Last Report
12/02/1959	03/16/1994
4. Filing Number	Applied For
59-1232619	Not Applicable
5. Certificate of Status Exempt	\$8.75 Additional Fee Required
6. Exemption Certificate Exemption	\$5.00 May Be Added to Fees
7. Nonprofit with IRC 501(c)(3) Tax Exempt Status	\$68.75 Supplemental Fee Not Required
8. Does corporation have liability for intercepting telephone calls under S. 190.02(1) Florida Statutes	☐ Yes ☒ No

2. Principal Office Address	2a. Mailing Address
21. State Appointed	26. State Appointed
22. State Appointed	27. State Appointed
23. State Appointed	28. State Appointed
24. State Appointed	29. State Appointed
25. State Appointed	30. State Appointed

9. Name and Address of Current Registered Agent

LOVELESS, DAVID
6522 MATCHETT RD.
ORLANDO FL 32809

10. Name and Address of New Registered Agent

81. Name	
82. Current Agent - P.O. Box Number is Not Acceptable	
83. City	
84. Co.	
FL	85. Zip Code

11. Pursuant to the provisions of Sections 607.01(2)(b) and 607.01(2)(c), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to a registered agent in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept this appointment as registered agent. I am familiar with and accept the duties of a registered agent in Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS	13. REGISTERED AGENTS																																																
<table border="1"><tr><td>NAME</td><td>P LOVELESS, DAVID</td></tr><tr><td>ADDRESS</td><td>6522 MATCHETT ROAD</td></tr><tr><td>CITY</td><td>ORLANDO FL</td></tr><tr><td>NAME</td><td>T/D HILLIARD, TERRY</td></tr><tr><td>ADDRESS</td><td>8418 BANYON BLVD.</td></tr><tr><td>CITY</td><td>ORLANDO FL</td></tr><tr><td>NAME</td><td>V/D GAINES, JAMES P</td></tr><tr><td>ADDRESS</td><td>6108 WILBETH AVE</td></tr><tr><td>CITY</td><td>ORLANDO FL</td></tr><tr><td>NAME</td><td>S/D JOHNSTON, BERRY</td></tr><tr><td>ADDRESS</td><td>2626 NUMILLA DR</td></tr><tr><td>CITY</td><td>ORLANDO FL</td></tr></table>	NAME	P LOVELESS, DAVID	ADDRESS	6522 MATCHETT ROAD	CITY	ORLANDO FL	NAME	T/D HILLIARD, TERRY	ADDRESS	8418 BANYON BLVD.	CITY	ORLANDO FL	NAME	V/D GAINES, JAMES P	ADDRESS	6108 WILBETH AVE	CITY	ORLANDO FL	NAME	S/D JOHNSTON, BERRY	ADDRESS	2626 NUMILLA DR	CITY	ORLANDO FL	<table border="1"><tr><td>NAME</td><td></td></tr><tr><td>ADDRESS</td><td></td></tr><tr><td>CITY</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>ADDRESS</td><td></td></tr><tr><td>CITY</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>ADDRESS</td><td></td></tr><tr><td>CITY</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>ADDRESS</td><td></td></tr><tr><td>CITY</td><td></td></tr></table>	NAME		ADDRESS		CITY		NAME		ADDRESS		CITY		NAME		ADDRESS		CITY		NAME		ADDRESS		CITY	
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14. I hereby certify that the information supplied with this report is true, correct and complete, and that I am a resident of the State of Florida. I further certify that the information supplied with this report is true, correct and complete, and that I am a resident of the State of Florida. I further certify that the information supplied with this report is true, correct and complete, and that I am a resident of the State of Florida.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR