## **FILE NOW: FILING FEE IS \$61.25**

**FILED** NONPROFIT FLORIDA DEPARTMENT OF STATE Feb 03 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS Secretary of State DOCUMENT # (5)DISCOVERY CHURCH, INC. Principal Place of Business Mailing Address 4400 S. ORANGE AVE. 4400 S. ORANGE AVE. 3. Date incorporated or Qualified ORLANDO FL 32806 ORLANDO FL 32806 12/02/1959 US 4. FEI Number Applied For 59-1232619 Not Applicable 2a. Mailing Address 2. Principal Place of Business \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 27 22 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? 23 28 Yes Zip Country Country 8. This corporation owes or has paid the current year Intangible ☐ Yes 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name LOVELESS, DAVID 6522 MATCHETT RD. 83 ORLANDO FL 32809 CITYMULANDO 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 Signature, typed or printed name of registered agent and title if applicab DATE (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE Change \_\_\_ Addition NAME LOVELESS, DAVID 1.2 NAME STREET ADDRESS 6522 MACHETT ROAD 1.3 STREET ADDRESS ORLANDO FL 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ CELETE Addition TITLE T/D 2.1 TITLE Change NAME HILLIARD, TERRY 2.2 NAME STREET ADDRESS 8418 BANYON BLVD. 2.3 STREET ADDRESS ORLANDO FL CITY - ST - ZIP 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME GAINES, JAMES P 3.2 NAME 231 Escandido-Blog-17 Altamonte, FL 32701 6108 WILBETH AVE STREET ADDRESS 3.3 STREET ADDRESS ORLANDO FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE JOHNSTON, BERRY NAME 4. 2 NAME 1118 BONNIE LOU DRIVE 2626 NUMILLA DR STREET ADDRESS 4.3 STREET ADDRESS ORLANDO, FL ORLANDO FL CITY-ST-ZIP 4.4 CITY-ST-ZIP I DELETE TITLE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 City-ST-ZiP

DELETE

6.1 TITLE

6.2 NAME

14. I hereby certify that the information supplied with this filling 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 taxistee 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.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

☐ Change

47-855-3140

Addition