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**Feb 03 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 700202 (5)
1. Corporation Name
DISCOVERY CHURCH, INC.



Principal Place of Business 4400 S. ORANGE AVE. ORLANDO FL 32806 US	Mailing Address 4400 S. ORANGE AVE. ORLANDO FL 32806 US
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3. Date Incorporated or Qualified 12/02/1959		
4. FEI Number 59-1232619	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
	Country 30

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 Street Address (P.O. Box Number is Not Acceptable) <i>1108 Mission Ridge Ct</i>
83
84 City <i>Orlando</i> FL 85 <i>32805</i>

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	LOVELESS, DAVID	
STREET ADDRESS	6522 MACHETT ROAD	
CITY-ST-ZIP	ORLANDO FL	
TITLE	T/D	<input type="checkbox"/> DELETE
NAME	HILLIARD, TERRY	
STREET ADDRESS	8418 BANYON BLVD.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	V/D	<input type="checkbox"/> DELETE
NAME	GAINES, JAMES P	
STREET ADDRESS	6108 WILBETH AVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	S/D	<input type="checkbox"/> DELETE
NAME	JOHNSTON, BERRY	
STREET ADDRESS	2626 NUMILLA DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<i>1108 Mission Ridge Ct.</i>
1.4 CITY-ST-ZIP	<i>Orlando, FL 32805</i>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<i>237 Escandido-Bldg 17</i>
3.4 CITY-ST-ZIP	<i>Altamonte, FL 32710</i>
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	<i>1118 BONNIE LOU DRIVE</i>
4.4 CITY-ST-ZIP	<i>ORLANDO, FL 32809</i>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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 trustee 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.

SIGNATURE: *Berry Johnston* **1/13/98** 407-855-3140

CR12E037 (10/97)