

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

99 FEB - 3 PM 3: 02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 700202

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



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	12/02/1959
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-1232619
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired
24	25	<input type="checkbox"/> \$8.75 Additional Fee Required
	29	6. Election Campaign Financing
	30	<input type="checkbox"/> \$5.00 May Be Added to Fees
		Trust Fund Contribution

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LOVELESS, DAVID 1108 MISSION RIDGE CT ORLANDO FL 32805	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	FL 85 Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOVELESS, DAVID	1.2 NAME	
STREET ADDRESS	1108 MISSION RIDGE CT	1.3 STREET ADDRESS	400002773214-- 4
CITY-ST-ZIP	ORLANDO FL 32835	1.4 CITY-ST-ZIP	02/11/99 01874-007
TITLE	T/D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILLIARD, TERRY	2.2 NAME	***\$61.25 ***\$61.25
STREET ADDRESS	8418 BANYON BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	
TITLE	V/D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAINES, JAMES P	3.2 NAME	
STREET ADDRESS	237 ESCANDIDO, BLDG 17	3.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE FL 32701	3.4 CITY-ST-ZIP	
TITLE	S/D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSTON, BERRY	4.2 NAME	
STREET ADDRESS	1118 BONNIE LOU DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32809	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: DAVID LOVELESS 2/4/99 407 855-3140  
DATE: \_\_\_\_\_ DAYTIME PHONE: \_\_\_\_\_

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