

DOCUMENT # 700202

1. Entity Name

DISCOVERY CHURCH, INC.

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90087 026 ****61.25

Principal Place of Business

Mailing Address

4400 S. ORANGE AVE.
ORLANDO FL 32806
US

4400 S. ORANGE AVE.
ORLANDO FL 32806-6926
US

2: Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1232619

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

Input box

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOVELESS, DAVID
1108 MISSION RIDGE CT
ORLANDO FL 32805

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. 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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. Input box

\$5.00 May Be Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

Table with 3 columns: TITLE, NAME, ADDRESS (STREET, CITY-ST-ZIP). Includes entries for LOVELESS, DAVID; HILLIARD, TERRY; GAINES, JAMES P; JOHNSTON, BERRY.

Table with 3 columns: TITLE, NAME, ADDRESS (STREET, CITY-ST-ZIP). Includes checkboxes for Change and Addition.

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)