

"AMENDED"

NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

FILED

02 NOV 27 PM 1:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 700202  
1. Entity Name  
Discovery Church, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
4400 S. Orange Ave.  
Suite, Apt. #, etc.

3. Mailing Address  
4400 S. Orange Ave.  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Orlando, FL  
Zip 32806 Country US

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Zip 32806 Country US

4. FEI Number 59-1232619  
Applied For Not Applicable

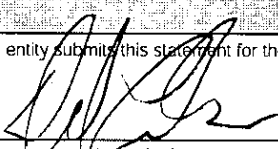
5. Certificate of Status Desired  \$8.75 Additional Fee Required

DO NOT WRITE  
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Loveless David  
Street Address 1108 Mission Ridge Ct.  
(1108)  
City Orlando FL Zip Code 32805

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

FEE IS \$61.25  
Initial or Amended UBR

9. Election Campaign Financing  
Trust Fund Contribution.  \$5.00 May Be Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Loveless David 1108 Mission Ridge Ct. Orlando, FL 32835	TITLE NAME STREET ADDRESS CITY - ST - ZIP	300009293993 12/02/02--01063--001 **61.25
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T/D Loveless David 1108 Mission Ridge Ct. Orlando, FL 32835	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V/D Army Johnston 118 Bunnie Lee Dr. Orlando FL 32809	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S/D David Malloch 5432 New Haven Court Orlando, FL 32812	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	

CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #