


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2005 08:00 AM
Secretary of State

DOCUMENT # 700202 1. Entity Name DISCOVERY CHURCH, INC.	
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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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DO NOT WRITE IN THIS SPACE



02042005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1232619	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LOVELESS, DAVID
1108 MISSION RIDGE CT
ORLANDO, FL 32805

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD LOVELESS, DAVID 1108 MISSION RIDGE CT ORLANDO, FL 32835
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JOHNSTON, BERRY 1118 BONNIE LOU DR ORLANDO, FL 32809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WALLOCH, DAVID 5432 NEW HAVEN CT ORLANDO, FL 32812
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LOVELESS, DAVID 1108 MISSION RIDGE CT ORLANDO, FL 32835
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/23/05-80016-016 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ **2/16/05** **407-855-3140**

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