


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.



Principal Place of Business
 4400 S. ORANGE AVE.
 ORLANDO, FL 32806 US

Mailing Address
 4400 S. ORANGE AVE.
 ORLANDO, FL 32806 US

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 **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

LOVELESS, DAVID
 1108 MISSION RIDGE CT
 ORLANDO, FL 32805

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

Filing Fee is \$61.25
Due by May 1, 2005

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

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

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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: _____ **8/16/05** **407-855-3140**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #