


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2004 08:00 AM
Secretary of State

DOCUMENT # 702620

1. Entity Name
DISCOVERY CHRISTIAN CHURCH, FLORIDA, INC.



Principal Place of Business 3925 GRISSOM PARKWAY COCOA, FL 32926 US	Mailing Address 3925 GRISSOM PARKWAY COCOA, FL 32926 US
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DO NOT WRITE IN THIS SPACE



02122004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2009813	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

KLEINFELDT, BART
987 DEMARET DRIVE
ROCKLEDGE, FL 32955

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7. 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 reappointing)

Filing Fee is \$61.25
Due by May 1, 2004

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

U00000054377
 02/16/04-80167-021 \$1.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD WALTON, BOB 2080 OTTERBEIN AVENUE COCOA, FL 32926
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SNYDER, JIM 1929 EXETER DRIVE COCOA, FL 32922
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLEINFELDT, BART 987 DEMARET DRIVE ROCKLEDGE, FL 32955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  **2/12/04** **(321) 853-8650**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #