


**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<br>3925 GRISSOM PARKWAY<br>COCOA, FL 32926 US | Mailing Address<br>3925 GRISSOM PARKWAY<br>COCOA, FL 32926 US |
|---|---|

**DO NOT WRITE IN THIS SPACE**



02122004 No Chg-NP CR2E037 (10/03)

|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br>59-2009813                               | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> 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 61.25

10. OFFICERS AND DIRECTORS

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