

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702620

FILED  
May 10, 2006  
Secretary of State

Entity Name: DISCOVERY CHRISTIAN CHURCH, FLORIDA, INC.

**Current Principal Place of Business:**

3925 GRISSOM PARKWAY  
COCOA, FL 32926 US

**New Principal Place of Business:**

**Current Mailing Address:**

3925 GRISSOM PARKWAY  
COCOA, FL 32926 US

**New Mailing Address:**

FEI Number: 59-2009813      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

KLEINFELDT, BART  
987 DEMARET DRIVE  
ROCKLEDGE, FL 32955 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: VCD ( ) Delete  
Name: WALTON, BOB  
Address: 2080 OTTERBEIN AVENUE  
City-St-Zip: COCOA, FL 32926

Title: D ( ) Delete  
Name: SNYDER, JIM  
Address: 1929 EXETER DRIVE  
City-St-Zip: COCOA, FL 32922

Title: D ( ) Delete  
Name: KLEINFELDT, BART  
Address: 987 DEMARET DRIVE  
City-St-Zip: ROCKLEDGE, FL 32955

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BART KLEINFELDT

D

05/10/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date