


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000008514
 1. Entity Name
DISCOVERY COUNSELING, A NON PROFIT CORPORATION



Principal Place of Business 2719 ST ARMAND COURT ORLANDO, FL 32835	Mailing Address 2719 ST ARMAND COURT ORLANDO, FL 32835
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DO NOT WRITE IN THIS SPACE



04082004 No Chg-NP CR2E037 (10/03)

4. FEI Number 41-2067870	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 GOWIN, CHERYL E
 2719 ST ARMAND COURT
 ORLANDO, FL 32835

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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, 2004

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

U00000121493
 04/20/04-80054-006 70.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GOWIN, CHERYL E 2719 ST ARMAND COURT ORLANDO, FL 32835
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GOWIN, DENNIS L 2719 ST ARMAND COURT ORLANDO, FL 32835
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BLANCHARD, ANDREW 2719 ST ARMAND COURT ORLANDO, FL 32835
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)(i), 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: *Cheryl E Gowin* **4-8-04** **407-222-7923**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #