


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000008514 1. Entity Name DISCOVERY COUNSELING, A NON PROFIT CORPORATION	
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Principal Place of Business 2719 ST. ARMAND COURT ORLANDO FL 32835	Mailing Address 2719 ST ARMAND COURT ORLANDO FL 32835
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2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip

1st MOORE CR2E037 (10/04)

4. FEI Number 41-2067870	Applied For <input type="checkbox"/> 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**

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ **FL** Zip Code _____

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete GOWIN, CHERYL E 2719 ST ARMAND COURT ORLANDO FL 32835
NAME	D <input type="checkbox"/> Delete GOWIN, DENNIS L 2719 ST ARMAND COURT ORLANDO FL 32835
STREET ADDRESS	D <input type="checkbox"/> Delete BLANCHARD, ANDREW 2719 ST ARMAND COURT ORLANDO FL 32835
CITY-ST-ZIP	<input type="checkbox"/> Delete
CITY-ST-ZIP	<input type="checkbox"/> Delete
CITY-ST-ZIP	<input type="checkbox"/> Delete
CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	U00000356493
STREET ADDRESS	05/04/05-80037-004 70.00
CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *C. E. Gowin* *Cheryl E Gowin* President 407.222.76
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #