2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008514

Apr 27, 2009 Secretary of State

Entity Name: DISCOVERY COUNSELING, A NON PROFIT CORPORATION

Current Principal Place of Business: New Principal Place of Business:

2719 ST ARMAND COURT 7365 MERCHANT COURT ORLANDO, FL 32835

SUITE 6

SARASOTA, FL 34240

Current Mailing Address: New Mailing Address:

2719 ST ARMAND COURT 3806 6TH AVENUE

ORLANDO, FL 32835 HOLMES BEACH, FL 34217

FEI Number: 41-2067870 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

GOWIN, CHERYL E GOWIN, CHERYL E 2719 ST ARMAND COURT 3806 6TH AVENUE

ORLANDO, FL 32835 HOLMES BEACH, FL 34217 US

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: 04/27/2009

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

GOWIN, CHERYL E GOWIN, CHERYL E Name: Name: 2719 ST ARMAND COURT Address: 7365 MERCHANT COURT SUITE 6 Address:

City-St-Zip: ORLANDO, FL 32835 City-St-Zip: SARASOTA, FL 34240

(X) Change () Addition Title: () Delete Title:

GOWIN, DENNIS L Name: Name: GOWIN, DENNIS L

Address: 2719 ST ARMAND COURT Address: 7365 MERCHANT COURT SUITE 6 City-St-Zip: ORLANDO, FL 32835 City-St-Zip: SARASOTA, FL 34240

Title: () Delete Title: (X) Change () Addition BLANCHARD, ANDREW Name: STARCK, CARLA Name:

7365 MERCHANT COURT SUITE 6 2719 ST ARMAND COURT Address: Address: City-St-Zip: ORLANDO, FL 32835 City-St-Zip: SARASOTA, FL 34240

Title: (X) Delete Title: () Change () Addition

Name: STARCK, CARLA Name: Address: 11801 IDAHO AVE N. Address: City-St-Zip: CHAMPLIN, MN 55316 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: DENNIS GOWIN D 04/27/2009