

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

ANNUAL REPORT

1995



APPROVED
AND
FILED

SSMAY-1 PM12:11

DOCUMENT # 700202

(5)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DISCOVERY CHURCH, INC.

4400 S. ORANGE AVE ORLANDO FL 32806 US		4400 S. ORANGE AVE ORLANDO FL 32806 US		3. Date of Appointment or Registration 12/02/1959		3a. Date of Last Report 03/16/1994	
2. Filing Agent's Name 21. Filing Agent's Address 22. Filing Agent's City 23. Filing Agent's State 24. Filing Agent's Zip		2a. Mailing Address 26. Mailing Address 27. Mailing Address 28. Mailing Address 29. Mailing Address 30. Mailing Address		4. Filing Agent's License Number 59-1232619		Applied For Not Applicable	
				5. Certificate of Status Element [X]		\$8.75 Additional Fee Required	
				6. Franchise Commission Element [X]		\$5.00 May Be Added to Fees	
				7. Nonprofit with IRC 501(c)(3) Tax Exempt Status [X]		\$68.75 Supplemental Fee Not Required	
				8. Does corporation have liability for intercepting telephone calls? Florida Statute [X] Yes [] No			

9. Name and Address of Current Registered Agent LOVELESS, DAVID 6522 MATCHETT RD. ORLANDO FL 32809		10. Name and Address of New Registered Agent 81. Name 82. Current Agent's P.O. Box Number is Not Applicable 83. 84. City FL 85. Zip Code	
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11. Pursuant to the provisions of Sections 607.01 and 607.02, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to the place named in Part 9 of this report. Such change was authorized by the corporation's board of directors. I hereby accept this appointment as registered agent. I am familiar with and accept the duties of a registered agent in Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL OFFICERS AND DIRECTORS	
NAME	P LOVELESS, DAVID 6522 MATCHETT ROAD ORLANDO FL	NAME	
NAME	T/D HILLIARD, TERRY 8418 BANYON BLVD. ORLANDO FL	NAME	
NAME	V/D GAINES, JAMES P 6108 WILBETH AVE ORLANDO FL	NAME	
NAME	S/D JOHNSTON, BERRY 2626 NUMILLA DR ORLANDO FL	NAME	
NAME		NAME	
NAME		NAME	
NAME		NAME	
NAME		NAME	
NAME		NAME	
NAME		NAME	

14. I hereby certify that the information supplied with this report is true, correct and complete, and that I am a resident of the State of Florida. I further certify that the information supplied with this report is true, correct and complete, and that I am a resident of the State of Florida. I further certify that the information supplied with this report is true, correct and complete, and that I am a resident of the State of Florida.

SIGNATURE: _____
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR