FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Jan 27 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 **DOCUMENT #**

700202

(5)

DISCOVERY CHURCH, INC.										
Principal Place of Business		Mailing Address			T AND IN FROM FOR IN AND IN STAND		H DHOM DIDIN DA			
4400 S. ORANGE AVE. ORLANDO FL 32806 US		4400 S. ORANGE AVE. ORLANDO FL 32806-6926 US			Ta: 5:					
						3. Date Incorporated or Qualified 12/02/1959	Sa. Da	te of Last R 03/13/19	96	
2. Principal Pl	ace of Business	2a. Mailing Address 26			4. FEI Number Applied For Not Applicable					
Suite, Apt. i	⊭, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75			
22		27	· · · · · · · · · · · · · · · · · · ·					Fee Re	····	
City & State	3	City & State				6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added t		
Zip	Country	Zip	Country			8. This corporation has liability for			199.032,	
24	25 29 30 9. Name and Address of Current Registered Agent			Florida Statutes Yes No 10. Name and Address of New Registered Agent						
	y. Name and Address of Correct	r nagistered Agent		1 Nam		10. Name and Address of New Re	Statelan v	(Sour		
I OVER EC	SC DAVAD		Ľ	.,						
LOVELESS, DAVID 6522 MATCHETT RD.			8	82 Street Address (P.O. Box Number is Not Acceptable)						
ORLANDO FL 32809			ē	3			······································			
			8	4 City			FL	85 Zip (Code	
11 Pursuant t	o the provisions of Sections 617 050	2 and 617 1508. Etorida Statute	s the abo	ve-name	d corec	ration submits this statement for the		changing it	s registered	
office or re agent. ∔ ar	egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida. Such change was au ations of, Section 617.0503, Flor	uthorized ida Statul	by the co	rporatio	ration submits this statement for the n's board of directors. I hereby acce	pt the app	ointment as	registered	
SIGNATURE _	Signature, typed or printed name of registered age	at and title Magaliaship (NOTE)	Designated	lanat alanat		I when reinstating)	DATE			
12.	OFFICERS AND		13.	deur näuse	re required	ADDITIONS/CHANGES TO OFFI		DIRECTOR	3S IN 12	
TITLE	P	☐ DELETE	1.1 TITU		T			Change	Addition	
NAME	LOVELESS, DAVID		1.2 NAM	E						
STREET ADDRESS	6522 MACHETT ROAD		1.3 STRE	ET ADDRES	;					
CITY-ST-ZIP	ORLANDO FL			-ST-ZIP						
TITLE			1	2.1 TITLE				Change	Addition	
NAME				2.2 NAME						
STREET ADDRESS	8418 BANYON BLVD. ORLANDO FL			ET ADDRES	·					
CITY-ST-ZIP TITLE				2. 4 CITY-ST-ZIP 3.1 TITLE			- 1	Change	Addition	
NAME	010000 111100 0			- IE						
STREET ADDRESS	6108 WILBETH AVE			- Eet addres	s					
CITY-ST-ZIP	ORLANDO FL		3.4. CIT	r-\$t-zip						
TITLE	S/D	DELETE	4.1 TITL	E				Change	Addition	
NAME	JOHNSTON, BERRY		4. 2 NA	ΛE						
STREET ADDRESS	2626 NUMILLA DR		4.3 STRI	ET ADDRES	3					
CITY-ST-ZIP	ORLANDO FL	DELETE.		-ST-ZIP				1 05	Addition	
TITLE		☐ DELETE	5.1 TITU					L Change	Addition	
NAME AXERT ADDRESS			5.2 NAM							
STREET ADDRESS				EET ADORES '- ST- ZIP	'					
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITL		+			☐ Change	Addition	
NAME			6.2 NAM		İ			-		
STREET ADDRESS				EET ADDRES	s					
CITY - ST - ZIP				-ST-ZIP						
14. I do hereb	by certify that the information supplied indicated on this appual report or s	d with this filing does not qualify	for the e	xemption	stated	in Section 119.07(3)(i), Florida Statuti ny signature shall have the same leg	es. I further	r certify that	the	
I am an of	flicer or director of the corporation or n Block 12 or Pipck 13 if changed, or	the receiver or trustee empower	ered to ex	ecute thi	s report	as required by Chapter 617, Florida	Statutes; a	nd that my r	name	