

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008074

FILED
Apr 25, 2007
Secretary of State

Entity Name: DISCOVERY CHRISTIAN LEARNING CENTER, INC.

Current Principal Place of Business:

3010 NE 14TH STREET
OCALA, FL 34470

New Principal Place of Business:

Current Mailing Address:

3010 NE 14TH STREET
OCALA, FL 34470

New Mailing Address:

FEI Number: 20-3279362

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCLANAHAN, SANDRA
3010 NE 14TH STREET
OCALA, FL 34470 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ANDRE, BETH
Address: 2901 SW 41ST STREET #3809
City-St-Zip: Ocala, FL 34420

Title: V () Delete
Name: DECKER, JOHN
Address: 2607 NE 39TH AVE
City-St-Zip: Ocala, FL 34470

Title: S () Delete
Name: SHAUB, SHARON
Address: 4605 NE 22ND AVE
City-St-Zip: Ocala, FL 34479

Title: T () Delete
Name: HARDING, JIM
Address: 9875 SE 67TH AVE RD
City-St-Zip: BELLEVUE, FL 34420

Title: D () Delete
Name: MARANG, BECKY
Address: 1675 SE 169TH TERR
City-St-Zip: SILVER SPRINGS, FL 34488

Title: D () Delete
Name: RHODES, CORA
Address: PO BOX 1012
City-St-Zip: SPARR, FL 32192

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: TICE, AMANDA G
Address: 8590 SW 66TH TERR
City-St-Zip: Ocala, FL 34476

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: AMANDA TICE

T

04/25/2007

Electronic Signature of Signing Officer or Director

Date