

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000119641

FILED
Apr 14, 2008
Secretary of State

Entity Name: DISCOVERY INSTITUTE, P.A.

Current Principal Place of Business:

1018 S FLORIDA AVE. SUITE C
ROCKLEDGE, FL 32955

New Principal Place of Business:

845 EXECUTIVE LANE
SUITE 100
ROCKLEDGE, FL 32955

Current Mailing Address:

1018 S FLORIDA AVE. SUITE C
ROCKLEDGE, FL 32955

New Mailing Address:

PO BOX 560875
ROCKLEDGE, FL 32956

FEI Number: 20-3227479

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PORTER-RICHARD, PHD, CONNIE
7058 RED BAY CT.
VIERA, FL 32940 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PORTER-RICHARD, CONNIE
Address: 7058 RED BAY CT
City-St-Zip: MELBOURNE, FL 32940

Title: VP () Delete
Name: RICHARD, FRANCIS
Address: 7058 RED BAY CT
City-St-Zip: MELBOURNE, FL 32940

Title: ST () Delete
Name: MCKEOWN, KELLI
Address: 1355 ANCHOR LANE
City-St-Zip: MERRITT ISLAND, FL 32952

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:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KELLI MCKEOWN

ST

04/14/2008

Electronic Signature of Signing Officer or Director

Date