

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morinham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N03021 (5)
1. Corporation Name

SWISS COVE CHRISTIAN CHURCH, INC.



Principal Place of Business: **1965 STATE ROAD 13 JACKSONVILLE FL 32259**
Mailing Address: **1965 STATE ROAD 13 JACKSONVILLE FL 32259**

3. Date Incorporated or Qualified: **05/10/1984**
3a. Date of Last Report: **04/06/1995**

2. Principal Place of Business: **21**
2a. Mailing Address: **26**

4. FEI Number: **59-2403764**
Applied For: Not Applicable

Suite, Apt. #, etc.: **22**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

City & State: **23**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

Zip: **24** Country: **25**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BURNAM, R. LAVON
1235 LEMONWOOD ROAD
JACKSONVILLE FL 32259**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *R. Lavon Burnam*
Signature typed or printed name of registered agent and not applicable: **R. Lavon Burnam**

11/21/96
Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SEPULVEDA, DAVID	
STREET ADDRESS	12734 PLUMMER GRANT RD.	
CITY - ST - ZIP	JACKSONVILLE FL 32258	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SPACE, CHARLIE	
STREET ADDRESS	1967 LARGO RD.	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KIMBALL, JEFF	
STREET ADDRESS	3114 PURDOM RD.	
CITY - ST - ZIP	JACKSONVILLE FL 32223	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WIGGINS, BURLE	
STREET ADDRESS	1191 EAGLE BLUFF LANE	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JONES, DON	
STREET ADDRESS	569 TIVOLI DR	
CITY - ST - ZIP	JACKSONVILLE FL 32259	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BURNHAM, R. LAVON	
STREET ADDRESS	1235 LEMONWOOD RD	
CITY - ST - ZIP	JACKSONVILLE FL 32259	

11 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	D BESSIE BUCKIN
13 STREET ADDRESS	12442 Jada Lane
14 CITY - ST - ZIP	Jacksonville, FL 32258
21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	D THURSTON SARUS
23 STREET ADDRESS	4314 Holley Gate Dr.
24 CITY - ST - ZIP	Jacksonville, FL 32258
31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	D DEBBIE WITWER
33 STREET ADDRESS	12119 Blackfoot Trail
34 CITY - ST - ZIP	Jacksonville, FL 32223
41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	D JOHN SIMISON
43 STREET ADDRESS	1234 Marlee Rd.
44 CITY - ST - ZIP	Jacksonville, FL 32259
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *John Simison*
SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **JOHN SIMISON**
- DIRECTOR & TREASURER
Date: **2/14/96** (904) 279-0551
County & Phone #

CR2E037 (12/95)