

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N03021 (5)

1. Corporation Name
SWISS COVE CHRISTIAN CHURCH, INC.



Principal Place of Business Mailing Address
1965 STATE ROAD 13 JACKSONVILLE FL 32259
1965 STATE ROAD 13 JACKSONVILLE FL 32259-9217

3. Date Incorporated or Qualified 05/10/1984
3a. Date of Last Report 02/08/1996
4. FEI Number 59-2403764
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for Intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
BURNAM, R. LAVON
1235 LEMONWOOD ROAD
JACKSONVILLE FL 32259

10. Name and Address of New Registered Agent
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. Burnam* DATE 1/26/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BOAKIN, JESSIE	
STREET ADDRESS	12442 JODA LANE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SARVIS, THURSTON	
STREET ADDRESS	4314 HOLLEY GATE DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WITWER, JEFF	
STREET ADDRESS	12119 BLACKFOOT TRAIL	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WIGGINS, BURLE	
STREET ADDRESS	1191 EAGLE BLUFF LANE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JONES, DON	
STREET ADDRESS	569 TIVOLI DR	
CITY-ST-ZIP	JACKSONVILLE FL 32259	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JIMISON, JOHN	
STREET ADDRESS	1234 MARLEE ROAD	
CITY-ST-ZIP	JACKSONVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SARVIS, THURSTON	
1.3 STREET ADDRESS	4314 HOLLEYGATE DRIVE	
1.4 CITY-ST-ZIP	JACKSONVILLE, FL	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	KIMBALL, JEFF	
2.3 STREET ADDRESS	900 BROOK HOLLOW PLACE	
2.4 CITY-ST-ZIP	JACKSONVILLE, FL	
3.1 TITLE	D/C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SEPULVEDA, DAVID	
3.3 STREET ADDRESS	12734 PLUMMER GRANT RD	
3.4 CITY-ST-ZIP	JACKSONVILLE, FL	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	BURNAM, LAVON	
4.3 STREET ADDRESS	1235 LEMONWOOD RD	
4.4 CITY-ST-ZIP	JACKSONVILLE, FL 32259	
5.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *R. Burnam* *John Jimison* 904-386-5831
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0007044

CR2E037 (9/96)