

FILE NOW: FILING FEE IS \$61.25

FILED
Jan 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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	
4. FEI Number 59-2403764	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	JOHN B. DONALD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SARVIS, THURSTON	1.2 NAME	JOHN B. DONALD
STREET ADDRESS	4314 HOLLEYGATE DRIVE	1.3 STREET ADDRESS	509 TIUOLI DRIVE
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	Jax Fla 32259
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIMBALL, JEFF	2.2 NAME	
STREET ADDRESS	900 BROOK HOLLOW PLACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	
TITLE	DC <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SEPULVEDA, DAVID <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SEPULVED, DAVID	3.2 NAME	12734 PLUMMER GRANT ROAD
STREET ADDRESS	12734 PLUMMER GRANT ROAD	3.3 STREET ADDRESS	Jax Fla 32258
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	DC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURNAM, LAVON	4.2 NAME	BURNAM LAVON
STREET ADDRESS	1235 LEMONWOOD ROAD	4.3 STREET ADDRESS	1235 LEMONWOOD ROAD
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	Jax Fla 32259
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JIMISON, JOHN	5.2 NAME	
STREET ADDRESS	1234 MARLEE ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	SMITH PAUL
STREET ADDRESS		6.3 STREET ADDRESS	1157 MARLEE ROAD
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Jax Fla 32259

14. I 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: *[Signature]* Date: 1/4/98 Daytime Phone # 904-396-5831

CR2E087 (10/97)