

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90088 047 \*\*\*\*61.25

0018740

**DOCUMENT # N03021**

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2403764**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>JONES, DONALD</b>	
STREET ADDRESS	<b>509 TIVOLI DR</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BOYKIN, JESSIE</b>	
STREET ADDRESS	<b>12442 JUDA LANE E</b>	→
CITY-ST-ZIP	<b>JACKSONVILLE FL 32258</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WISSINS, BURLE</b>	
STREET ADDRESS	<b>1181 EAGLEBLUFF LANE</b>	→
CITY-ST-ZIP	<b>JACKSONVILLE FL 32209</b>	
TITLE	<b>DC</b>	<input type="checkbox"/> Delete
NAME	<b>BURNAM, LAVON</b>	
STREET ADDRESS	<b>1235 LEMONWOOD ROAD</b>	→
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>JOHNSON, ALBERT</b>	
STREET ADDRESS	<b>216 RIVER PARK VILLAS DRIVE</b>	
CITY-ST-ZIP	<b>SAINT AUGUSTINE FL 32092</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SMITH, PAUL</b>	
STREET ADDRESS	<b>1157 MRALEE RD</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32259</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>DC</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WISSINS, BURLE</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>DVC</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BURRESS, HOMER</b>	
STREET ADDRESS	<b>11577 WESTRIDE DRIVE</b>	
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32223</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SEPULVEDA, DAVID</b>	
STREET ADDRESS	<b>904 Denny Court</b>	
CITY-ST-ZIP	<b>Ponte Vedra Bch, FL 32082</b>	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **LAVON BURNAM** *LAVON BURNAM* **4/30/01** **904-396-5631**

CR2E037 (10/00)