

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90086 039 ****61.25

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BURNAM, R. LAVON
1235 LEMONWOOD ROAD
JACKSONVILLE FL 32259

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DVC	<input type="checkbox"/> Delete
NAME	JONES, DONALD	
STREET ADDRESS	509 TIVOLI DR.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	DC	<input type="checkbox"/> Delete
NAME	BOYKIN, JESSIE	
STREET ADDRESS	12442 JUDA LANE E	
CITY-ST-ZIP	JACKSONVILLE FL 32258	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WIGGINS, BURLE	
STREET ADDRESS	1181 EAGLEBLUFF LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32209	
TITLE	DVC DC	<input type="checkbox"/> Delete
NAME	BURNAM, LAVON	
STREET ADDRESS	1235 LEMONWOOD ROAD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, ALBERT	
STREET ADDRESS	216 RIVER PARK VILLAS DRIVE	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32092	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BURRESS, HOMER	
STREET ADDRESS	1577 WESTRIDE DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32223	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Smith, Paul	
STREET ADDRESS	1157 Marlee Rd.	
CITY-ST-ZIP	Jacksonville, FL 32259	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sepulveda, David	
STREET ADDRESS	904 Jetty Ct.	
CITY-ST-ZIP	Ponte Vedra Beach FL 32082	
TITLE	See changes to titles	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ONLY Addition	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

R. Lavon Burnam
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/25/02 904-396-5831

CR2E037 (9/01)