

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jul 14, 2004
Secretary of State**

DOCUMENT# N03021

Entity Name: SWISS COVE CHRISTIAN CHURCH, INC.

Current Principal Place of Business:

1965 STATE ROAD 13
JACKSONVILLE, FL 32259

New Principal Place of Business:

Current Mailing Address:

1965 STATE ROAD 13
JACKSONVILLE, FL 32259

New Mailing Address:

FEI Number: 59-2403764 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DVC () Delete
Name: JONES, DONALD
Address: 509 TIVOLI DR
City-St-Zip: JACKSONVILLE, FL

Title: D () Delete
Name: BURRESS, HOMER
Address: 11577 WEST RIDE DRIVE
City-St-Zip: JACKSONVILLE, FL 32223

Title: D () Delete
Name: SMITH, PAUL
Address: 1157 MARLEE RD
City-St-Zip: JACKSONVILLE, FL 32259

Title: DC () Delete
Name: BURNAM, LAVON
Address: 1235 LEMONWOOD ROAD
City-St-Zip: JACKSONVILLE, FL

Title: D () Delete
Name: WIGGINS, BURLE
Address: 1191 EAGLE BLUFF LANE
City-St-Zip: JACKSONVILLE, FL 32259

Title: D () Delete
Name: SEPULVEDA, DAVID
Address: 904 JETTY CT
City-St-Zip: PONTE VEDRA BEACH, FL 32082

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAVON BURNAM

D

07/14/2004

Electronic Signature of Signing Officer or Director

Date