



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90248 038 ****61.25

DOCUMENT # N03021					
1. Entity 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		
2. Principal Place of Business		3. Mailing Address		04192005 Chg-NP CR2E037 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2403764	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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. I am familiar with, and accept the obligations of registered agent:					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State.
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DVC	<input checked="" type="checkbox"/> Delete	TITLE	DVC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JONES, DONALD		NAME	Cash, James	
STREET ADDRESS	509 TIVOLI DR		STREET ADDRESS	12769 Edenbridge CT	
CITY-ST-ZIP	JACKSONVILLE, FL		CITY-ST-ZIP	Jacksonville, FL 32223	
TITLE	D	<input type="checkbox"/> Delete	TITLE	DC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BURRESS, HOMER		NAME	Boykin, Jesse	
STREET ADDRESS	11577 WEST RIDE DRIVE		STREET ADDRESS	12442 Juda Lane	
CITY-ST-ZIP	JACKSONVILLE, FL 32223		CITY-ST-ZIP	Jacksonville, FL 32258	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, PAUL		NAME	Johnson, Albert	
STREET ADDRESS	1157 MARLEE RD		STREET ADDRESS	5216 River Park Villas Dr.	
CITY-ST-ZIP	JACKSONVILLE, FL 32259		CITY-ST-ZIP	St. Augustine, FL 32092	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BURNAM, LAVON		NAME	Nright Dave	
STREET ADDRESS	1235 LEMONWOOD ROAD		STREET ADDRESS	1975 State Road 13	
CITY-ST-ZIP	JACKSONVILLE, FL		CITY-ST-ZIP	Jacksonville, FL 32259	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIGGINS, BURLE		NAME		
STREET ADDRESS	1191 EAGLE BLUFF LANE		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32259		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEPULVEDA, DAVID		NAME		
STREET ADDRESS	904 JETTY CT		STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082		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: 			Date: 4/19/05 Daytime Phone #: 904-396-5831		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					