


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90193 032 ****61.25

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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 - No P.O. Box #		3. Mailing Address			
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, 2007		9. Election Campaign Financing Trust Fund Contribution. <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 type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CASH, JAMES		NAME	Wiggins, Burke	
STREET ADDRESS	12769 EDENBRIDGE CT		STREET ADDRESS	1191 Eagle Bluff Lane	
CITY-ST-ZIP	JACKSONVILLE, FL 32223		CITY-ST-ZIP	Jacksonville, FL 32259	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WRIGHT, DAVID		NAME	Burress Homer	
STREET ADDRESS	1975 STATE RD 13		STREET ADDRESS	11577 West Ride Drive	
CITY-ST-ZIP	JACKSONVILLE, FL 32259		CITY-ST-ZIP	Jacksonville, FL 32223	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHNSON, ALBERT		NAME	Jones, Don	
STREET ADDRESS	5216 RIVER PARK VILLAS DR		STREET ADDRESS	1737 Hawkcrest Dr.	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32092		CITY-ST-ZIP	Jacksonville, FL 32259	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BURNAM, LAVON		NAME	Juris, Mark	
STREET ADDRESS	1235 LEMONWOOD ROAD		STREET ADDRESS	165 Owl Creek Rd.	
CITY-ST-ZIP	JACKSONVILLE, FL		CITY-ST-ZIP	St. Augustine, FL 32092	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, JIM		NAME		
STREET ADDRESS	177 IVY LKS		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 exemptions contained in Chapter 119, 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: 4/11/07 904610-5558		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		