

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03021

FILED  
Apr 21, 2010  
Secretary of State

**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: D  
Name: MCNARY, GARY  
Address: 9195 KINGS COLONY ROAD  
City-St-Zip: JACKSONVILLE, FL 32257

Title: D  
Name: CASH, JAMES  
Address: 12769 EDENBRIDGE COURT  
City-St-Zip: JACKSONVILLE, FL 32223

Title: D  
Name: SCHUMPP, BILL  
Address: 1808 GRASSINGTON WAY  
City-St-Zip: JACKSONVILLE, FL 32223

Title: VC  
Name: BURNAM, LAVON  
Address: 1235 LEMONWOOD ROAD  
City-St-Zip: JACKSONVILLE, FL

Title: C  
Name: GALBEAITH, JON  
Address: 500 N BRIDGESTONE AVE  
City-St-Zip: JACKSONVILLE, FL 32259

Title: D  
Name: KELLY, STEVE  
Address: 4901 BLACKHAWK DRIVE  
City-St-Zip: JACKSONVILLE, FL 32259

I hereby 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 all other like empowered.

SIGNATURE: R. LAVON BURNAM

VC

04/21/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date