

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 13, 2003 8:00 am**  
**Secretary of State**

06-13-2003 90057 015 \*\*\*\*61.25

DOCUMENT # **N03021**



1. Entity Name  
**SWISS COVE CHRISTIAN CHURCH, INC.**

Principal Place of Business      Mailing Address  
**1965 STATE ROAD 13**      **1965 STATE ROAD 13**  
**JACKSONVILLE FL 32259**      **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**

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 \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.       **\$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 NAME	<b>DVC</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>JONES, DONALD</b>	
CITY-ST-ZIP	<b>509 TIVOLI DR JACKSONVILLE FL</b>	
TITLE NAME	<b>D</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>BOYKIN, JESSIE</b>	
CITY-ST-ZIP	<b>12442 JUDA LANE E JACKSONVILLE FL 32258</b>	
TITLE NAME	<b>D</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>SMITH, PAUL</b>	
CITY-ST-ZIP	<b>1157 MARLEE RD JACKSONVILLE FL 32259</b>	
TITLE NAME	<b>DC</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>BURNAM, LAVON</b>	
CITY-ST-ZIP	<b>1235 LEMONWOOD ROAD JACKSONVILLE FL</b>	
TITLE NAME	<b>D</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>JOHNSON, ALBERT</b>	
CITY-ST-ZIP	<b>216 RIVER PARK VILLAS DRIVE SAINT AUGUSTINE FL 32092</b>	
TITLE NAME	<b>D</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>SEPULVEDA, DAVID</b>	
CITY-ST-ZIP	<b>904 JETTY CT PONTE VEDRA BEACH FL 32082</b>	

TITLE NAME	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>Homer Burress</b>	
CITY-ST-ZIP	<b>115 77 West Ride Drive Jacksonville, FL 32223</b>	
TITLE NAME	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>Burle Wiggins</b>	
CITY-ST-ZIP	<b>1191 Eagle Bluff Lane Jacksonville, FL 32259</b>	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: \_\_\_\_\_ **5/24/03 904-386-8881**

CR2E037 (10/02)