

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 705056

FILED
Mar 10, 2009
Secretary of State

Entity Name: SWITZERLAND COMMUNITY CHURCH INC

Current Principal Place of Business:

2179 STATE RD 13
JACKSONVILLE, FL 32259

New Principal Place of Business:

Current Mailing Address:

2190 STATE ROAD 13
JACKSONVILLE, FL 32259

New Mailing Address:

2179 STATE ROAD 13
JACKSONVILLE, FL 32259

FEI Number: 59-2353771

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBINSON, WILLIS
2179 STATE ROAD 13
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: DT () Delete
Name: ADAMS, JOHN
Address: 627 MAGNOLIA ROAD
City-St-Zip: JACKSONVILLE, FL

Title: DS () Delete
Name: JOHNSON, JAY
Address: 5310 HAMPTON GABLE CT W
City-St-Zip: JACKSONVILLE, FL 32257

Title: DC () Delete
Name: BELCIK, DAVID
Address: 1030 LARKSPUR LOOP
City-St-Zip: JACKSONVILLE, FL 32259

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DT (X) Change () Addition
Name: LUMLEY, TOM
Address: 708 SPRING HAVEN DRIVE
City-St-Zip: JACKSONVILLE, FL 32259

Title: DS (X) Change () Addition
Name: LEE, BRIAN
Address: 6399 CR 16-A
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: DC (X) Change () Addition
Name: HINSON, DON
Address: 1282 CREIGHTON BLUFF LANE
City-St-Zip: JACKSONVILLE, FL 32223

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: TOM LUMLEY

DT

03/10/2009

Electronic Signature of Signing Officer or Director

Date