

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011389

FILED
Apr 08, 2008
Secretary of State

Entity Name: SWIFT CREEK HISTORIC CHURCH AND CEMETERY, INC.

Current Principal Place of Business:

4705 WADHAM LANE
JACKSONVILLE, FL 32210 US

New Principal Place of Business:

Current Mailing Address:

4705 WADHAM LANE
JACKSONVILLE, FL 32210 US

New Mailing Address:

FEI Number: 74-3241591

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VOLPE, TIMOTHY W
501 RIVERSIDE AVENUE
7TH FLOOR
JACKSONVILLE, FL 32202 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 () Delete
Name: BULLARD, RAYMOND L
Address: 4705 WADHAM LANE
City-St-Zip: JACKSONVILLE, FL 32210 US

Title: D () Delete
Name: FISKE, MARJORIE
Address: 8818 EAST DEVONSHIRE ROAD
City-St-Zip: INVERNESS, FL 34450 US

Title: D () Delete
Name: POUND, THOMAS
Address: 9226 SE 142ND BOULEVARD
City-St-Zip: WHITE SPRINGS, FL 32096 US

Title: D () Delete
Name: BULLARD, JOHN W
Address: 8237 SE CR 135
City-St-Zip: JASPER, FL 32052 US

Title: D () Delete
Name: SAUNDERS, WATKINS
Address: P. O. BOX 404
City-St-Zip: WHITE SPRINGS, FL 32096 US

Title: D (X) Delete
Name: PEELER, WILLIAM REV.
Address: P. O. BOX 204
City-St-Zip: WHITE SPRINGS, FL 32096 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: POMEROY, JUDY
Address: 4452 NW WISTERIA DR.
City-St-Zip: LAKE CITY, FL 32055 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: RAYMOND L. BULLARD

D

04/08/2008

Electronic Signature of Signing Officer or Director

Date