

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006336

FILED
Sep 09, 2004
Secretary of State**Entity Name:** CHRISTIAN GROWTH CENTER, INC.**Current Principal Place of Business:**2903 SUTTON PINES CT
PLANT CITY, FL 33566**New Principal Place of Business:**302 PALM DR.
PLANT CITY, FL 33565**Current Mailing Address:**2903 SUTTON PINES CT
PLANT CITY, FL 33566**New Mailing Address:**P.O.BOX 4145
PLANT CITY, FL 33563**FEI Number:** 20-0294973**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SOWELL, ROBERT E SR
2903 SUTTON PINES CT
PLANT CITY, FL 33566**Name and Address of New Registered Agent:**SOWELL, ROBERT E SR
579 COUNTRY MEADOWS BLVD.
PLANT CITY, FL 33565

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: _____

09/09/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: () Delete
Name:
Address:
City-St-Zip:Title: () Delete
Name:
Address:
City-St-Zip:Title: () Delete
Name:
Address:
City-St-Zip:Title: () Delete
Name:
Address:
City-St-Zip:Title: () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: PRES () Change (X) Addition
Name: SOWELL, ROBERT E SR.
Address: 579 COUNTRY MEADOWS BLVD.
City-St-Zip: PLANT CITY, FL 33565Title: V.P. () Change (X) Addition
Name: LEMON, ROBERT H
Address: P.O.BOX
City-St-Zip: CANTON, MI 48187Title: SE/T () Change (X) Addition
Name: SOWELL, PATRICIA E
Address: 579 COUNTRY MEADOWS BLVD.
City-St-Zip: PLANT CITY, FL 33565Title: TRU () Change (X) Addition
Name: JONES, RUSSELL T
Address: 409 FLOYD ST
City-St-Zip: BLACKSBURG, VA 24060Title: TRU () Change (X) Addition
Name: JONES, VIRGINIA
Address: 409 FLOYD ST
City-St-Zip: BLACKBURG, VA 24060

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ROBERT E. SOWELL,SR

PRES

09/09/2004

Electronic Signature of Signing Officer or Director

Date