

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006336

FILED  
May 01, 2005  
Secretary of State

**Entity Name:** CHRISTIAN GROWTH CENTER, INC.

**Current Principal Place of Business:**

302 PALM DR.  
PLANT CITY, FL 33565

**New Principal Place of Business:**

**Current Mailing Address:**

P.O.BOX 4145  
PLANT CITY, FL 33563

**New Mailing Address:**

**FEI Number:** 20-0294973      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

SOWELL, ROBERT E SR  
579 COUNTRY MEADOWS BLVD.  
PLANT CITY, FL 33565      US

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: PRES      ( ) Delete  
Name: SOWELL, ROBERT E SR.  
Address: 579 COUNTRY MEADOWES BLVD.  
City-St-Zip: PLANT CITY, FL 33565

Title: V.P.      ( ) Delete  
Name: LEMON, ROBERT H  
Address: P.O.BOX  
City-St-Zip: CANTON, MI 48187

Title: SE/T      ( ) Delete  
Name: SOWELL, PATRICIA E  
Address: 579 COUNTRY MEADOWES BLVD.  
City-St-Zip: PLANT CITY, FL 33565

Title: TRU      ( ) Delete  
Name: JONES, RUSSELL T  
Address: 409 FLOYD ST  
City-St-Zip: BLACKSBURG, VA 24060

Title: TRU      ( ) Delete  
Name: JONES, VIRGINIA  
Address: 409 FLOYD ST  
City-St-Zip: BLACKBURG, VA 24060

**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:      ( ) 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 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

05/01/2005

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

\_\_\_\_\_  
Date