1-23-9-1 B-0404 C FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jan 23 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N42831

(0)

CHURC	H GROWTH INVESTMENT F	UND, INC					
Principal Place	e of Business	Mailing Address				//	# ## #################################
1320 HENDRICKS AVE JACKSONVILLE FL 32207		1320 HENDRICKS AVE JACKSONVILLE FL 32207-8621					
					3. Date Incorporated or Qualified 04/04/1991	3a. Date of Last 04/29/19	Report 196
2. Principal Pr	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			59-0696288		Not Applicable
Suite, Apt #, etc		Suite, Apt. #, etc.		5. Certificate of Status Desired		Additional Required	
City & State	6	City & State			6. Election Campaign Financing		May Be
23		28			Trust Fund Contribution		d to Fees
Zıp	Country Zip		Country		8. This corporation has liability for		s. 199.032,
24	25 29		30		Florida Statutes Yes No 10. Name and Address of New Registered Agent		
······································	9. Name and Address of Current	Hegistered Agent	81	Name	10. Name and Address of New Ho	agistered Agent	
DODOCO	e eroper p						
	s, george R. Ndricks ave		82	Street Addre	ess (P.O. Box Number is Not Accepta	ble)	
	NVILLE FL 32207		83				
UNUNUUI	WILLE I'L OLLO?			0	984-1	1,-11	
			84	City			p Code
11. Pursuant office or reagent. La	to the provisions of Sections 617.0502 registered agent, or both, in the State or im familiar with, and accept the obliga	end 617.1508, Florida Stat of Florida Such change war tions of Section 617.0503, I	utes, the above s authorized by Florida Statutes	-named corporati	oration submits this statement for the ion's board of directors. I hereby acce	purpose of changing opt the appointment a	its registered as registered
SIGNATURE _							
12.	Signature: typed or printed name of registered agen OFFICERS AND		OTE: Registered Agen	it signature require	ed when reinstating) ADDITIONS/CHANGES TO OFFI	DATE	100 IAI 200
1.1LF	D OFFICENS AND	DELETE	1.1 TITLE	D	ADDITIONS/CHANGES TO OFFI	Change	
NAME	BORDERS, GEORGE R		1.2 NAME		te Chamberlain		,
STREET ADDRESS	3162 OLD PT CIR E		1.3 STREET A	ADDRESS Z	ete Chamberlain 714 Rew Cir., #20	O	
CITY - ST - ZIP	JACKSONVILLE FL.		1.4 CHY-ST		coee, FL 34761.		
TITLE	D	DELETÉ	2.1 TITLE			Change	Addition
NAME	VERLANDER, CHRISTOPHER A	ı	2.2 NAME				
STREET ADDRESS	76 S. LAURA ST.		2.3 STREET A	1			
CITY - ST - ZIP	JACKSONVILLE FL		2. 4 CITY - ST 3.1 TITLE	T-ZIP		Change	e Addition
TITLE	DR. WILLIAM F MONTGOMERY	D DELETE				L_1 change	; [] Addition
NAME STREET ADDRESS	120 E PINE ST		3.2 NAME 3.3 STREET /	ADODECC			
CITY - ST - ZIP	ORLANDO FL		3.4 CITY-S				
THILE	S	DELETE	4.1 TITLE	1-211		Change	e Addition
NAME	JOSEPH D. HOWELL		4. 2 NAME				
STREET ADDRESS	7654 HILSDALE HARBOR CT.		4.3 STREET	ADDRESS			
CITY - ST - ZIP	JACKSONVILLE FL		4.4 City-St	(-2(P			
TITLE	D	☐ DELETÉ	51 TITLE			Change	e Addition
NAME	WEEKS, SAM H.		5 2 NAME				
STREET ADDRESS	P.O. BOX 610 N/A		5.3 STREET	ì			
CITY-ST-ZIP	ORLANDO FL 32060	DELETE	5.4 CITY - ST	i-ZIP		Change	e Addition
THILE	DAVID II WII BANKE	☐ DELETE	6.1 TITLE			Criange) LJ Addition
NAME OTDECT ADDOCCO	DAVID H WILBANKS 155 BEACH DRIVE, NE		6.2 NAME	ADDDCCC			
STREET ADDRESS	ST. PETERSBURG FL		6.3 STREET A 6.4 CITY - ST				
CITY-ST-ZIP 14. I do heret	by certify that the information supplied	with this filing does not qu			in Section 119.07(3)(i), Florida Statut	es. I further certify th	at the
lam an o	on indicated on this annual report or si officer or director of the corporation or in Block 12 or Block 13 if changed, or	the receiver or trustee empr	owered to execu	rate and that ute this report	my signature shall have the same leg t as required by Chapter 617, Florida	jal effect as if made i Statutes; and that my	inder oath; that y name

SIGNATURE:

Joseph D. Howell, Corp. Socy 1-14-97 (904) 346-0

SONTORE USE TYPED OR PRINTED TAME OF SIGNING OFFICER OF DIRECTOR

Dayling Phone 1000485