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NONPROFIT CORPORATION
 ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N42831

1. Corporation Name

CHURCH GROWTH INVESTMENT FUND, INC.

Principal Place of Business

1320 HENDRICKS AVE
 JACKSONVILLE FL 32207

Mailing Address

1320 HENDRICKS AVE
 JACKSONVILLE FL 32207



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		04/04/1991	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-0696288	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent

BORDERS, GEORGE R.
 1320 HENDRICKS AVE
 JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name		
82 Street Address (P.O. Box Number is Not Acceptable)		
83		
84 City	FL	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VERLANDER, CHRISTOPHER A	1.2 NAME	George R. Borders
STREET ADDRESS	1776 AMERICAN HERITAGE LIFE DR	1.3 STREET ADDRESS	10010 Belle Rive Blvd. E, Apt. 607
CITY-ST-ZIP	JACKSONVILLE FL 32224	1.4 CITY-ST-ZIP	Jacksonville, FL 32256
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSEPH D. HOWELL	2.2 NAME	
STREET ADDRESS	7654 HILSDALE HARBOR CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEEKS, SAM H.	3.2 NAME	
STREET ADDRESS	P.O. BOX 610 N/A	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32060	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID H WILBANKS	4.2 NAME	
STREET ADDRESS	155 BEACH DRIVE, NE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS, THOMAS O	5.2 NAME	
STREET ADDRESS	4601 W KENNEDY BLVD STE 216	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33609	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ed. Brownlie	6.2 NAME	
STREET ADDRESS	13077 Chets Creek Dr S	6.3 STREET ADDRESS	
CITY-ST-ZIP	Jacksonville FL 32224	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: Joseph D. Howell 3-31-99 (904) 346-0325
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #