

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90066 044 ****70.00

DOCUMENT # N42831

1. Entity Name

CHURCH GROWTH INVESTMENT FUND, INC.

Principal Place of Business

Mailing Address

1320 HENDRICKS AVE
 JACKSONVILLE FL 32207

1320 HENDRICKS AVE
 JACKSONVILLE FL 32207-8621

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0696288

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BORDERS, GEORGE R.
1320 HENDRICKS AVE
JACKSONVILLE FL 32207

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **D**
VERLANDER, CHRISTOPHER A
 STREET ADDRESS **1776 AMERICAN HERITAGE LIFE DR**
 CITY-ST-ZIP **JACKSONVILLE FL 32224**

TITLE Change Addition
 NAME
 STREET ADDRESS **10148 Deer Creek Club Rd. E**
 CITY-ST-ZIP **Jacksonville FL 32256**

TITLE Delete
 NAME **S**
JOSEPH D. HOWELL
 STREET ADDRESS **7654 HILSDALE HARBOR CT.**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
WEEKS, SAM H.
 STREET ADDRESS **P.O. BOX 610 N/A**
 CITY-ST-ZIP **ORLANDO FL 32080**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
DAVID H WILBANKS
 STREET ADDRESS **155 BEACH DRIVE, NE**
 CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE Change Addition
 NAME
 STREET ADDRESS **4803 Windmill Palm Ter NE**
 CITY-ST-ZIP **St. Petersburg, FL 33703**

TITLE Delete
 NAME **D**
MORRIS, THOMAS O
 STREET ADDRESS **4601 W KENNEDY BLVD STE 216**
 CITY-ST-ZIP **TAMPA FL 33609**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
BROWNLIE, ED
 STREET ADDRESS **13077 CHETS CREEK DRIVE SOUTH**
 CITY-ST-ZIP **JACKSONVILLE FL 32224**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Joseph D. Howell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph D. Howell
 Corp Secretary

1-4-2000

(904) 346-0325
 Daytime Phone #

CR2E037 (9/99)