

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90301 022 ****70.00

DOCUMENT # N42831

1. Entity 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

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**

6. Name and Address of Current Registered Agent

**BORDERS, GEORGE R.
 1320 HENDRICKS AVE
 JACKSONVILLE FL 32207**

7. Name and Address of New Registered Agent

Name

Eddie L. McClelland

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

1320 Hendricks Ave.

City

Jacksonville

FL

Zip Code

32207

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

TITLE ☐ Delete
 NAME **D VERLANDER, CHRISTOPHER A**
 STREET ADDRESS **10148 DEER CREEK CLUB ROAD EAST**
 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 ☒ Delete
 NAME **D DAVID H WILBANKS**
 STREET ADDRESS **4803 WINDMILL PALM TERRACE N.E.**
 CITY-ST-ZIP **SAINT 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 ☐ Delete
 NAME **D BROWNLIE, ED**
 STREET ADDRESS **13077 CHETS CREEK DRIVE SOUTH**
 CITY-ST-ZIP **JACKSONVILLE FL 32224**

TITLE ☐ Delete
 NAME **D Bray, Bob**
 STREET ADDRESS **20175 Kinderkenne Ave.**
 CITY-ST-ZIP **Port Charlotte, FL 33952**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
 NAME **D Matula, Marty**
 STREET ADDRESS **507 7 Ave NW**
 CITY-ST-ZIP **Largo, FL 33770**

TITLE ☐ Change ☒ Addition
 NAME **D Rice, David**
 STREET ADDRESS **27 Sevilla St.**
 CITY-ST-ZIP **St. Augustine, FL 32084**

TITLE ☐ Change ☒ Addition
 NAME **D Weeks, Sam**
 STREET ADDRESS **9899 155 Rd.**
 CITY-ST-ZIP **Live oak, FL 32060**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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, Corp. Secy 4/16/01 (941) 346-0325

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)