

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42831

FILED
Jan 05, 2004
Secretary of State

Entity Name: CHURCH GROWTH INVESTMENT FUND, INC.

Current Principal Place of Business:

1320 HENDRICKS AVE
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

1320 HENDRICKS AVE
JACKSONVILLE, FL 32207

New Mailing Address:

FEI Number: 59-0696288

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCLELLAND, EDDIE L
1320 HENDRICKS AVE
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

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: D () Delete
Name: VERLANDER, CHRISTOPHER A
Address: 10148 DEERCREEK CLUB ROAD EAST
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: S () Delete
Name: RHINE, MICHAEL J
Address: 1320 HENDRICKS AVENUE
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: D () Delete
Name: MORRIS, THOMAS O
Address: 4601 W. KENNEDY BOULEVARD, SUITE 215
City-St-Zip: TAMPA, FL 33609 US

Title: D () Delete
Name: MATULA, MARTY
Address: 507 7TH AVENUE SW
City-St-Zip: LARGO, FL 33770 US

Title: P () Delete
Name: MCCLELLAND, EDDIE L
Address: 1320 HENDRICKS AVENUE
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: D () Delete
Name: BRAY, ROBERT V
Address: 20175 KINDERKEMAC AVE
City-St-Zip: PORT CHARLOTTE, FL 33952 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: WEEKS, SAM H
Address: 9899 155TH ROAD
City-St-Zip: LIVE OAK, FL 32060 US

Title: S (X) Change () Addition
Name: RHINE, MICHAEL J
Address: 1723 E. COBBLESTONE LANE
City-St-Zip: ST. AUGUSTINE, FL 32092 US

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: MICHAEL J RHINE

S

01/05/2004

Electronic Signature of Signing Officer or Director

Date