


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90075 016 ****61.25

DOCUMENT # N45805

1. Entity Name
CHRISTIAN GROWTH FELLOWSHIP, INC.



Principal Place of Business Mailing Address

149 APRIL LANE PO BOX 82430
 TAMPA, FL 33613 US TAMPA, FL 33682-2130 US
149 April Lane Tampa 33613

DO NOT WRITE IN THIS SPACE



50031235

03112005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2965187 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

PENNINGTON, L J
 1908 E. 115TH AVENUE
 TAMPA, FL 33612

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT PENNINGTON, L J 1908 E. 115TH AVENUE TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT PENNINGTON, CONNIE 1908 E. 115TH AVENUE TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS BRANDON, MICHAEL W SR 17843 SUNRISE DR LUTZ, FL 33549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COLEMAN, NAN 5209 BELLEFIELD DR TAMPA, FL 33624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RICHMOND, REBECCA 14916 HARDY DR W TAMPA, FL 33613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ADKINS, CAROLYN 13618 N FLORIDA AVE, LOT 31 TAMPA, FL 33613

DO NOT WRITE IN THIS SPACE

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 *L.J. Pennington* **L. J. Pennington**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-05 (813) 977-3843 **3-22-05 (813) 977-3843**
Date Daytime Phone #