

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2007 08:00 AM
Secretary of State



DOCUMENT # N45805

1. Entry Name

CHRISTIAN GROWTH FELLOWSHIP, INC.

Principal Place of Business

149 APRIL LANE
 TAMPA FL 33613
 US

Mailing Address

149 APRIL LANE
 TAMPA FL 33613
 US



1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

4. FEI Number

59-2965187

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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. 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 re-registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: PDT Delete
 NAME: PENNINGTON, L J
 STREET ADDRESS: 1908 E. 115TH AVENUE
 CITY-STATE-ZIP: TAMPA FL

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-STATE-ZIP:
 UD00000665257
 03/23/07-80021-001 61.25

TITLE: VT Delete
 NAME: PENNINGTON, CONNIE
 STREET ADDRESS: 1908 E. 115TH AVENUE
 CITY-STATE-ZIP: TAMPA FL

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-STATE-ZIP:

TITLE: TS Delete
 NAME: BRANDON, MICHAEL W SR
 STREET ADDRESS: 17843 SUNRISE DR
 CITY-STATE-ZIP: LUTZ FL 33549

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-STATE-ZIP:

TITLE: T Delete
 NAME: COLEMAN, NAN
 STREET ADDRESS: 5209 BELLEFIELD DR
 CITY-STATE-ZIP: TAMPA FL 33624

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-STATE-ZIP:

TITLE: T Delete
 NAME: RICHMOND, REBECCA
 STREET ADDRESS: 14916 HARDY DR W
 CITY-STATE-ZIP: TAMPA FL 33613

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-STATE-ZIP:

TITLE: T Delete
 NAME: PENNINGTON, JATHAN
 STREET ADDRESS: 9708 OLD PASCO RD.
 CITY-STATE-ZIP: WESLEY CHAPEL FL 33544

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-STATE-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Connie Pennington* **Connie Pennington 3-7-07 (813) 977-3843**