

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N42831

**Entity Name:** CHURCH GROWTH INVESTMENT FUND, INC.

**FILED**  
**Jan 16, 2013**  
**Secretary of State**  
**CC8779014341**

**Current Principal Place of Business:**

1320 HENDRICKS AVE  
SUITE 2  
JACKSONVILLE, FL 32207

**Current Mailing Address:**

1320 HENDRICKS AVE  
SUITE 2  
JACKSONVILLE, FL 32207

**FEI Number: 59-3063681**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

MCCLELLAND, EDDIE L  
1320 HENDRICKS AVE  
SUITE 2  
JACKSONVILLE, FL 32207 US

*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

**Officer/Director Detail :**

Title SECRETARY  
Name RHINE, MICHAEL J  
Address 1320 HENDRICKS AVE  
SUITE 2  
City-State-Zip: JACKSONVILLE FL 32207

Title CHAIRMAN  
Name RICE, DAVID P  
Address 1320 HENDRICKS AVE  
SUITE 2  
City-State-Zip: JACKSONVILLE FL 32207

Title PRESIDENT  
Name MCCLELLAND, EDDIE L  
Address 1320 HENDRICKS AVE  
SUITE 2  
City-State-Zip: JACKSONVILLE FL 32207

Title DIRECTOR  
Name GRIFFIN, WASSIE  
Address 1320 HENDRICKS AVE  
SUITE 2  
City-State-Zip: JACKSONVILLE FL 32207

Title DIRECTOR  
Name SCOTT, T A  
Address 1320 HENDRICKS AVE  
SUITE 2  
City-State-Zip: JACKSONVILLE FL 32207

Title VC  
Name BOZARD, JOHN W  
Address 1320 HENDRICKS AVE  
SUITE 2  
City-State-Zip: JACKSONVILLE FL 32207

Title DIRECTOR  
Name DAMPIER, CHRIS  
Address 1320 HENDRICKS AVE  
SUITE 2  
City-State-Zip: JACKSONVILLE FL 32207

Title DIRECTOR  
Name CHANCEY, NEAL  
Address 1320 HENDRICKS AVE  
SUITE 2  
City-State-Zip: JACKSONVILLE FL 32207

**Continues on page 2**

*I hereby 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 all other like empowered.*

**SIGNATURE: MICHAEL J RHINE**

**SECRETARY**

**01/16/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            DIRECTOR

Name            BILES, L T

Address        1320 HENDRICKS AVE  
                  SUITE 2

City-State-Zip: JACKSONVILLE FL 32207