### 2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42831

Entity Name: CHURCH GROWTH INVESTMENT FUND, INC.

FILED
Jan 09, 2017
Secretary of State
CC8575363657

## **Current Principal Place of Business:**

8383 BAYMEADOWS WAY JACKSONVILLE, FL 32256

## **Current Mailing Address:**

PO BOX 23069

JACKSONVILLE. FL 32241-3069 US

FEI Number: 59-3063681 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

MCCLELLAND, EDDIE L 8383 BAYMEADOWS WAY JACKSONVILLE, FL 32256 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	Title	PRESIDENT
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NameRHINE, MICHAEL JNameMCCLELLAND, EDDIE LAddress8383 BAYMEADOWS WAYAddress8383 BAYMEADOWS WAYCity-State-Zip:JACKSONVILLE FL 32256City-State-Zip:JACKSONVILLE FL 32256

TitleDIRECTORTitleDIRECTORNameBARTLETT, BILLNameSCOTT, T A

Address 8383 BAYMEADOWS WAY Address 8383 BAYMEADOWS WAY

City-State-Zip: JACKSONVILLE FL 32256 City-State-Zip: JACKSONVILLE FL 32256

Title VC Title DIRECTOR

Name DAMPIER, CHRIS Name BOZARD, JOHN

Address 8383 BAYMEADOWS WAY

City-State-Zip: JACKSONVILLE FL 32256

Address 8383 BAYMEADOWS WAY

City-State-Zip: JACKSONVILLE FL 32256

Title DIRECTOR Title CHAIRMAN

Name BILES, L T Name BRAY, ROBERT V

Address 8383 BAYMEADOWS WAY

City-State-Zip: JACKSONVILLE FL 32256

Address 8383 BAYMEADOWS WAY

City-State-Zip: JACKSONVILLE FL 32256

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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 01/09/2017

Electronic Signature of Signing Officer/Director Detail

Date

# Officer/Director Detail Continued:

Title DIRECTOR

Name MCNEIL, HAROLD

Address 8383 BAYMEADOWS WAY
City-State-Zip: JACKSONVILLE FL 32256