

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2008 8:00 am**  
**Secretary of State**

02-14-2008 90016 030 \*\*\*\*61.25

DOCUMENT # N00000003668

1. Entity Name  
WRITERS, INC.



Principal Place of Business  
1021 LAKELAND HILLS BLVD.  
LAKELAND, FL 33805

Mailing Address  
337 VALLEJO CT.  
LAKELAND, FL 33809

66003007



01152008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3629085

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6- Name and Address of Current Registered Agent**

BROWN, WALTER L  
337 VALLEJO COURT  
LAKELAND, FL 33809

**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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	D	
NAME	BROWN, WALTER L	PRESIDENT
STREET ADDRESS	337 VALLEJO COURT	
CITY-ST-ZIP	LAKELAND, FL 33809	
TITLE	D	
NAME	BROWN, PICOLA	DECEASED
STREET ADDRESS	5018 SOCRUM LOOP RD	
CITY-ST-ZIP	LAKELAND, FL 33809	
TITLE	D	
NAME	RANDOLPH, TIMOTHY	TREASURER
STREET ADDRESS	1415 ALAMEDA DR S	
CITY-ST-ZIP	LAKELAND, FL 33805	
TITLE	MERCEDES HARDY (VICE-PRESIDENT)	
NAME	915 N. VIRGINIA AVENUE	
STREET ADDRESS	LAKELAND, FL 33815-1667	
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #