

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003668

FILED
Apr 07, 2009
Secretary of State

Entity Name: WRITERS, INC.

Current Principal Place of Business:

1021 LAKELAND HILLS BLVD.
LAKELAND, FL 33805

New Principal Place of Business:

Current Mailing Address:

337 VALLEJO CT.
LAKELAND, FL 33809

New Mailing Address:

FEI Number: 59-3629085

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, WALTER L
337 VALLEJO COURT
LAKELAND, FL 33809 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BROWN, WALTER L
Address: 337 VALLEJO COURT
City-St-Zip: LAKELAND, FL 33809

Title: T () Delete
Name: RANDOLPH, TIMOTHY
Address: 1415 ALAMEDA DR S
City-St-Zip: LAKELAND, FL 33805

Title: VP () Delete
Name: HARDY, MERCEDES
Address: 915 N. VIRGINIA AVENUE
City-St-Zip: LAKELAND, FL 338151667

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: WALTER L. BROWN

P

04/07/2009

Electronic Signature of Signing Officer or Director

Date