

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 12 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N97000000618 (5)

1. Corporation Name

CREATIVE WRITING TEACHING PROJECT, INC.

Principal Place of Business

Mailing Address

14844 S.W. 82ND TERRACE  
MIAMI FL 33193

14844 S.W. 82ND TERRACE  
MIAMI FL 33193



3. Date Incorporated or Qualified

01/31/1997

4. FEI Number

65-0726709

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐

Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAVIS, RICHARD  
14844 S.W. 82ND TERRACE  
MIAMI FL 33193

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME PD  
DAVIS, RICHARD  
STREET ADDRESS 14844 S.W. 82ND TERRACE  
CITY-ST-ZIP MIAMI FL 33193

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME STD  
DAVIS, CONCHITA M  
STREET ADDRESS 14844 S.W. 82ND TERRACE  
CITY-ST-ZIP MIAMI FL 33193

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME VD  
KRISSELL, TODD  
STREET ADDRESS 3205 MARINE DRIVE  
CITY-ST-ZIP POMPANO BEACH FL 33062

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME DIRECTOR  
Edward G. Diaz  
STREET ADDRESS 14035 S.W. 56 Lane  
CITY-ST-ZIP Miami, FL 33183

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME DIRECTOR  
Heather Diaz  
STREET ADDRESS 14035 S.W. 56 Lane  
CITY-ST-ZIP Miami, FL 33183

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

1-19-98 305-386-8400

CR2E037 (10/97)