

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

53 MAY 11 AM 8:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P38228** (3)

1. Corporation Name
CHRISTIAN WRITERS INSTITUTE, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address

177 CRYSTAL LAKE AVE.
LAKE MARY FL 32746
US

177 E. CRYSTAL LAKE AVE.
LAKE MARY FL 32746
US

3. Date Incorporated or Qualified **04/07/1992** 3a. Date of Last Report **04/11/1994**

4. FEI Number **36-2614903** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address

21 **600 RINEHART RD** 26 **PO Box 952248**

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 City & State 27 City & State

23 **LAKE MARY FL** 28 **LAKE MARY FL**

24 ZIP **32746** 25 Country **USA** 29 ZIP **32745-2248** 30 Country **USA**

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S 199 032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

DOSS, THOMAS E., III
500 E. ALTAMONTE DR., SUITE 210
ALTAMONTE SPRINGS FL 32701

10. Name and Address of New Registered Agent

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 607 0502 and 607 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 607 0505, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE C	WALKER, ROBERT D 555 NW 4TH AVE., APT 506 BOCA RATON FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY, ST, ZIP		1.4 CITY, ST, ZIP	
TITLE D	SHIBLEY, DAVID 1910 WINDHILL CIR ROCKWALL TX	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	V/D
STREET ADDRESS		2.3 STREET ADDRESS	
CITY, ST, ZIP		2.4 CITY, ST, ZIP	
TITLE PT	STRANG, STEPHEN D 627 ESTATS PLACE LONGWOOD FL	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	P STRANG STEPHEN E.
STREET ADDRESS		3.3 STREET ADDRESS	627 ESTATE'S PL
CITY, ST, ZIP		3.4 CITY, ST, ZIP	LONGWOOD, FL
TITLE V	GILMOUR, TIMOTHY D 404 BNA DR SUITE 600 BLDG. 200 NASHVILLE TN	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	D WILL NORTON, JR
STREET ADDRESS		4.3 STREET ADDRESS	PO Box 880127
CITY, ST, ZIP		4.4 CITY, ST, ZIP	LINCOLN, NE
TITLE S	FRANZEN, JANICE D 3N455 MULBERRY WEST CHICAGO IL	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE D	GRIER, HUELAN H 2231 CHARLOTTE DR LONGWOOD FL	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	T/D HUELAN H GRIER
STREET ADDRESS		6.3 STREET ADDRESS	100 FOREST PARK CT
CITY, ST, ZIP		6.4 CITY, ST, ZIP	LONGWOOD, FL

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(a), 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:  **5-9-95 407-335-7618**

Signature and typed or printed name of signing officer or director

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Wendell B. Murrham
Secretary of State
Tallahassee, Florida 32399-0005

APPROVED
AND
FILED

MAY 10 1995 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P38722** (5)

EATON AIR FILTER, INC.

DO NOT WRITE IN THIS SPACE

1. Principal Office of Corporation 1305 SE DIXIE HIGHWAY SUITE F STUART FL 34994 US		2a. Mailing Address 2388 COLE ST BIRMINGHAM MI 48009-7030 US		3. Date Incorporated or Qualified 05/01/1992	3a. Date of Last Report 05/11/1994
2. Principal Office of Corporation 21. State App # etc.	2a. Mailing Address 26. State App # etc.	4. FEI Number 38-1989206		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. City & State	25. City & State	29. City & State	30. City & State	8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent CATHCART, JAMES 1305 SE DIXIE HWY. STE. F STUART FL 34994				10. Name and Address of New Registered Agent			
B1. Name				B2. Street Address (P.O. Box Number is Not Acceptable)			
B3. City				B4. State			
				B5. Zip Code			

11. Pursuant to the provisions of Sections 607.0602 and 607.1508 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 607.0605 Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	CD	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	ARAUJO, CARLOS A.	2. NAME	
3. STREET ADDRESS	2388 COLE ST.	3. STREET ADDRESS	
4. CITY & STATE	BIRMINGHAM MI	4. CITY & STATE	
1. TITLE	SD	1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	PURTON, PRISCILLA	2. NAME	
3. STREET ADDRESS	2388 COLE ST.	3. STREET ADDRESS	
4. CITY & STATE	BIRMINGHAM MI	4. CITY & STATE	
1. TITLE	PD	1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	PURTON, MICHAEL B.	2. NAME	
3. STREET ADDRESS	2388 COLE ST.	3. STREET ADDRESS	
4. CITY & STATE	BIRMINGHAM MI	4. CITY & STATE	
1. TITLE	TD	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	ARAUJO, DELORES	2. NAME	
3. STREET ADDRESS	2388 COLE ST.	3. STREET ADDRESS	
4. CITY & STATE	BIRMINGHAM MI	4. CITY & STATE	
1. TITLE		1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		2. NAME	
3. STREET ADDRESS		3. STREET ADDRESS	
4. CITY & STATE		4. CITY & STATE	
1. TITLE		1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		2. NAME	
3. STREET ADDRESS		3. STREET ADDRESS	
4. CITY & STATE		4. CITY & STATE	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.02(1)(b) 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 607 Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *Carlos Araujo* Carlos Araujo 5/10/95 810-540-5200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR