

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P38228 (3)

1. Corporation Name
CHRISTIAN WRITERS INSTITUTE, INC.



Principal Place of Business: **600 RINEHART RD LAKE MARY FL 32746 US**
Mailing Address: **P. O. BOX 952248 LAKE MARY FL 32795-2248 US**

3. Date Incorporated or Qualified: **04/07/1992**
3a. Date of Last Report: **05/11/1995**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number 36-2614903	Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	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. Zip	25. Country	29. Zip	30. Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

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

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: C	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: WALKER, ROBERT D		1.2 NAME	
STREET ADDRESS: 555 NW 4TH AVE., APT 506		1.3 STREET ADDRESS	
CITY-ST-ZIP: BOCA RATON FL		1.4 CITY-ST-ZIP	
TITLE: VD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SHIBLEY, DAVID		2.2 NAME	
STREET ADDRESS: 1910 WINDHILL CIR		2.3 STREET ADDRESS	
CITY-ST-ZIP: ROCKWALL TX		2.4 CITY-ST-ZIP	
TITLE: P	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: STRANG, STEPHEN E		3.2 NAME	
STREET ADDRESS: 627 ESTATES PL		3.3 STREET ADDRESS	
CITY-ST-ZIP: LONGWOOD FL		3.4 CITY-ST-ZIP	
TITLE: D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: NORTON, WILL JR		4.2 NAME	
STREET ADDRESS: P. O. BOX 880127		4.3 STREET ADDRESS	
CITY-ST-ZIP: LINCOLN NE		4.4 CITY-ST-ZIP	
TITLE: S	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: FRANZEN, JANICE D		5.2 NAME	
STREET ADDRESS: 3N455 MULBERRY		5.3 STREET ADDRESS	
CITY-ST-ZIP: WEST CHICAGO IL		5.4 CITY-ST-ZIP	
TITLE: TD	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: HUELAN H. GRIER		6.2 NAME	
STREET ADDRESS: 100 FOREST PARK CT		6.3 STREET ADDRESS	
CITY-ST-ZIP: LONGWOOD FL		6.4 CITY-ST-ZIP	

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)(k), 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: Stephen E Strang Date: 7/4/8, 1996 Daytime Phone #: 407-333-4618

CR2E037 (12/95)