

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90093 020 ****61.25

DOCUMENT # P38228

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

36-2614903

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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.

April 26, 2001

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

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

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **C** ☐ Delete
 NAME **WALKER, ROBERT D**
 STREET ADDRESS **555 NW 4TH AVE., APT 506**
 CITY-ST-ZIP **BOCA RATON FL**

TITLE **D** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** ☒ Delete
 NAME **SHIBLEY, DAVID**
 STREET ADDRESS **1910 WINDHILL CIR**
 CITY-ST-ZIP **ROCKWALL TX**

TITLE **P/D** ☐ Change ☒ Addition
 NAME **Howard Ridings**
 STREET ADDRESS **400 Magnolia Drive**
 CITY-ST-ZIP **Longwood, FL 32779**

TITLE **VD** ☐ Delete
 NAME **STRANG, STEPHEN E**
 STREET ADDRESS **627 ESTATES PL**
 CITY-ST-ZIP **LONGWOOD FL**

TITLE **C/D** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☒ Delete
 NAME **NORTON, WILL JR**
 STREET ADDRESS **206 AVERY HALL**
 CITY-ST-ZIP **LINCOLN NE**

TITLE **V/D** ☐ Change ☒ Addition
 NAME **Steve Beam**
 STREET ADDRESS **5528 Commerce Drive**
 CITY-ST-ZIP **Orlando, FL 32839**

TITLE **D** ☒ Delete
 NAME **BARBARA WALKER**
 STREET ADDRESS **555 NW 4TH AVE., APT. 506**
 CITY-ST-ZIP **BOCA RATON FL**

TITLE **S** ☐ Change ☒ Addition
 NAME **Dorothy McBroom**
 STREET ADDRESS **150 Poinciana Lane**
 CITY-ST-ZIP **Deltona, FL 32738**

TITLE **TD** ☐ Delete
 NAME **HUELAN H. GRIER**
 STREET ADDRESS **100 FOREST PARK CT**
 CITY-ST-ZIP **LONGWOOD FL**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 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 an other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Howard Ridings

April 26, 2001

407-333-0600 x1113

CR2E037 (10/00)