2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P38228

Entity Name: CHRISTIAN WRITERS INSTITUTE, INC.

FILED Jan 24, 2002 8:00 AM Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
600 RINEHART RD LAKE MARY, FL 32746 US					
Current Mailing Address:			New Maili	New Mailing Address:	
P. O. BOX 952248 LAKE MARY, FL 327952248 US					
FEI Number: 36-2614903 FEI Number Applied For () FEI Nu		ımber Not Appl	icable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
DOSS, THOMAS E., III 500 E. ALTAMONTE DR., SUITE 210 ALTAMONTE SPRINGS, FL 32701					
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:			ADDITION	S/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	C () E WALKER, ROBE 555 NW 4TH AVE BOCA RATON, F	E., APT 506	Title: Name: Address: City-St-Zip:	CD (X) Change () Addition STRANG, STEPHEN E 2231 PEACH LEAF COURT LONGWOOD, FL 32779 US	
Title: Name: Address: City-St-Zip:	PD () E RIDINGS, HOWA 400 MAGNOLIA E LONGWOOD, FL	DRIVE	Title: Name: Address: City-St-Zip:	PD (X) Change () Addition RIDINGS, HOWARD 3015 TAMPANA POINT LONGWOOD, FL 32779	
Title: Name: Address: City-St-Zip:	CD () E STRANG, STEPH 627 ESTATES PL LONGWOOD, FL	-	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD () EBEAM, STEVE 5528 COMMERCO ORLANDO, FL 3		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S ()E MCBROOM, DOF 150 POINCIANA DELTONA, FL 33	LANE	Title: Name: Address: City-St-Zip:	S (X) Change () Addition MCBROOM, DOROTHY G 150 POINCIANA LANE DELTONA, FL 32738	
Title: Name: Address:	TD () E HUELAN H. GRIE 100 FOREST PA	*	Title: Name: Address:	TD (X) Change () Addition HUELAN H. GRIER, 100 FOREST PARK CT	

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

City-St-Zip:

LONGWOOD, FL 32779

SIGNATURE: DOROTHY G. MCBROOM S 01/24/2002

LONGWOOD, FL

City-St-Zip: