

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 13, 2004
Secretary of State**

DOCUMENT# P38228

Entity Name: CHRISTIAN WRITERS INSTITUTE, INC.

Current Principal Place of Business:

600 RINEHART RD
LAKE MARY, FL 32746 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 952248
LAKE MARY, FL 327952248 US

New Mailing Address:

FEI Number: 36-2614903 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Title: CD () Delete
Name: STRANG, STEPHEN E
Address: 2231 PEACH LEAF COURT
City-St-Zip: LONGWOOD, FL 32779 US

Title: PD () Delete
Name: RIDINGS, HOWARD
Address: 3015 TAMPANA POINT
City-St-Zip: LONGWOOD, FL 32779 US

Title: VD () Delete
Name: BEAM, STEVEN
Address: 5528 COMMERCE DRIVE
City-St-Zip: ORLANDO, FL 32839 US

Title: VD () Delete
Name: BEAM, STEVE
Address: 5528 COMMERCE DRIVE
City-St-Zip: ORLANDO, FL 32839 US

Title: S () Delete
Name: MCBROOM, DOROTHY G
Address: 150 POINCIANA LANE
City-St-Zip: DELTONA, FL 32738 US

Title: TD () Delete
Name: HUELAN H. GRIER,
Address: 100 FOREST PARK CT
City-St-Zip: LONGWOOD, FL 32779 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: HOWARD RIDINGS

PD

01/13/2004

Electronic Signature of Signing Officer or Director

Date