**2018 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Aug 21, 2018**
**Secretary of State**
**CC4138675722**

DOCUMENT# P38228

**Entity Name:** CHRISTIAN WRITERS INSTITUTE, INC.

**Current Principal Place of Business:**

600 RINEHART RD
LAKE MARY, FL 32746

**Current Mailing Address:**

P. O. BOX 952248
LAKE MARY, FL 32795-2248 US

**FEI Number: 36-2614903**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DOSS, THOMAS E., III
934 E. ALTAMONTE DR., #1
ALTAMONTE SPRINGS, FL 32701 US

*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: THOMAS E DOSS, III 08/21/2018

Electronic Signature of Registered Agent — Date

**Officer/Director Detail :**

| | |
|---|---|
| Title | CP |
| Name | STRANG, STEPHEN E |
| Address | 600 RINEHART ROAD |
| City-State-Zip: | LAKE MARY FL 32746 |

| | |
|---|---|
| Title | D |
| Name | GRADY, J LEE |
| Address | 304 LITTLE SPRINGS LANE |
| City-State-Zip: | LONGWOOD FL 32750 |

| | |
|---|---|
| Title | D |
| Name | NORTON JR, WILL DR. |
| Address | 1308 PELICAN LOOP |
| City-State-Zip: | OXFORD MS 38655 |

| | |
|---|---|
| Title | TREASURER |
| Name | SINGLETON , TERRY |
| Address | 1773 OWASCO STREET |
| City-State-Zip: | WINTER SPRINGS FL 32708 |

| | |
|---|---|
| Title | VP |
| Name | WELDAY, DAVE |
| Address | 2342 WESTMINSTER TERRACE |
| City-State-Zip: | OVIEDO FL 32765 |

| | |
|---|---|
| Title | D |
| Name | CALVER, CLIVE DR. |
| Address | 24 BUTTERFIELD ROAD |
| City-State-Zip: | NEWTON CT 06470 |

| | |
|---|---|
| Title | D |
| Name | PLAKON, SCOTT |
| Address | 3044 TIMPANA POINT |
| City-State-Zip: | LONGWOOD FL 32779 |

| | |
|---|---|
| Title | D |
| Name | JOHNSON, RON REV |
| Address | 1675 DIXON ROAD |
| City-State-Zip: | LONGWOOD FL 32779 |

**Continues on page 2**

*I hereby 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 all other like empowered.*

SIGNATURE: STEPHEN E STRANG PRESIDENT 08/21/2018

Electronic Signature of Signing Officer/Director Detail — Date

**Officer/Director Detail Continued :**

| | |
|---|---|
| Title | D |
| Name | KING, ALVEDA DR. |
| Address | 1891 COUNTRY LINE ROAD |
| City-State-Zip: | ATLANTA GA |

| | |
|---|---|
| Title | DIRECTOR |
| Name | MAYNARD, SHAWN |
| Address | 2204 NW 29TH AVE |
| City-State-Zip: | GAINESVILLE FL 32605 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | WILES, JEREMY |
| Address | 7000 SE FEDERALHWY<br>SUITE 100 |
| City-State-Zip: | STUART FL 33497 |

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|---|---|
| Title | DIRECTOR |
| Name | HARTMAN, KEN |
| Address | 600 RINEHART ROAD |
| City-State-Zip: | LAKE MARY FL 32746 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | GREENE, STEVE DR. |
| Address | 600 RINEHART ROAD |
| City-State-Zip: | LAKE MARY FL 32746 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | PEREZ, MARCOS |
| Address | 600 RINEHART ROAD |
| City-State-Zip: | LAKE MARY FL 32746 |