

2024 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P38228

Entity Name: CHRISTIAN WRITERS INSTITUTE, INC.**Current Principal Place of Business:**1150 GREENWOOD BLVD
SUITE 1000
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:**STRANG, STEPHEN E
1150 GREENWOOD BLVD
SUITE 1000
LAKE MARY, FL 32746 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:** STEPHEN E STRANG

04/09/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name STRANG, STEPHEN E
Address 1150 GREENWOOD BLVD
 SUITE1000
City-State-Zip: LAKE MARY FL 32746

Title DIRECTOR
Name GRADY, J LEE
Address 518 BRYANT LAKE BLVD
City-State-Zip: LAGRANGE GA 30241

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

Title SECRETARY
Name RODRIGUEZ, DONNA
Address 1150 GREENWOOD BLVD
 SUITE 1000
City-State-Zip: LAKE MARY FL 32746-4803

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

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

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

Title DIRECTOR
Name MANNING, DAVID
Address 2615 RIVER LANDING DR.
City-State-Zip: SANFORD FL 32771

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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

04/09/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name NEWMAN, BO
Address 1925 PROSPECT AVE.
City-State-Zip: ORLANDO FL 32814

Title DIRECTOR
Name DUNLAP, CHAD
Address 1150 GREENWOOD BLVD
City-State-Zip: LAKE MARY FL 32746

Title OFFICER
Name CAGGIANO, ROBERT
Address 1150 GREENWOOD BLVD
SUITE 1000
City-State-Zip: LAKE MARY FL 32746

Title DIRECTOR
Name TRINKLE, EVAN
Address 3129 CHATHAM DRIVE
City-State-Zip: LEXINGTON KY 40503

Title DIRECTOR
Name PLAKON, SCOTT
Address 1015 TUFTON COVE
City-State-Zip: HEATHROW, FL 32746

Title DIRECTOR
Name PINSON, RAY
Address 415 S.E. 7TH AVE
City-State-Zip: DELRAY BEACH FL 33483