2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2004 08:00 AM
Secretary of State

DOCUMENT # N01000004788

1. Entity Name
COALITION FOR PROPERTY RIGHTS, INC.

Principal Place of Business	Mailing Address
824 N. HIGHLAND AVE. ORLANDO, FL 32803	824 N. HIGHLAND AVE. ORLANDO, FL 32803

DO NOT WRITE IN THIS SPACE

06302004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3730933
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. **Name and Address of Current Registered Agent**

DOUDNEY, DOUG
824 N HIGHLAND AVE
ORLANDO, FL 32803

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________________
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

Filing Fee is $61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DOUDNEY, DOUGLAS S
STREET ADDRESS	824 N. HIGHLAND AVE.
CITY ST ZIP	ORLANDO, FL 32803
TITLE	D
NAME	OWNE, PHILIP C
STREET ADDRESS	1509 SUNSET POINTE
CITY ST ZIP	KISSIMMEE, FL 34744
TITLE	D
NAME	SCHAFER, MICHAEL R
STREET ADDRESS	800 S. ORLANDO AVE., #100
CITY ST ZIP	MAITLAND, FL 32751
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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07/07/04-80033-022 61.25

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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 all other like empowered.

SIGNATURE: [signature] 6/30/04 407 481 2283
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #