

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 824 N. HIGHLAND AVE. ORLANDO, FL 32803	Mailing Address 824 N. HIGHLAND AVE. ORLANDO, FL 32803
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DO NOT WRITE IN THIS SPACE



06302004 No Chg-NP CR2E037 (10/03)

4. FCI 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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IN THIS SPACE**

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 of officer or registered agent and title (if applicable) DATE Registered Agent's signature required when installing

Filing Fee is \$61.25
Due by September 8, 2004

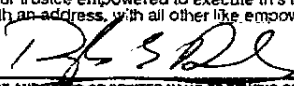
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

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

**DO NOT WRITE
IN THIS SPACE**

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:  **8/30/04 407 481 2283**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day Month Year