

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 20, 2006 8:00 am**  
**Secretary of State**

02-20-2006 90026 005 \*\*\*\*61.25

**60018572**



02152006 Chg-NP CR2E037 (11/05)

<b>DOCUMENT # N01000004788</b> 1. Entity Name <b>COALITION FOR PROPERTY RIGHTS, INC.</b>					
Principal Place of Business <b>824 N. HIGHLAND AVE. ORLANDO, FL 32803</b>			Mailing Address <b>824 N. HIGHLAND AVE. ORLANDO, FL 32803</b>		
2. Principal Place of Business <b>2878 S. OSCEOLA AVE.</b>		3. Mailing Address <b>2878 S. OSCEOLA AVE.</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>ORLANDO, FL</b>		City & State <b>ORLANDO, FL</b>		4. FEI Number <b>59-3730933</b>	
Zip <b>32806</b>		Country <b>ORANGE</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DOUDNEY, DOUG 824 N HIGHLAND AVE ORLANDO, FL 32803</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>2878 S. OSCEOLA AVE.</b>  City <b>ORLANDO</b> <b>FL</b> Zip Code <b>32806</b>		
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 <u><i>[Signature]</i></u> DATE <u>2-15-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOUDNEY, DOUGLAS S 824 N. HIGHLAND AVE. ORLANDO, FL 32803	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2878 S. OSCEOLA AVE. ORLANDO, FL 32806</b>
<input type="checkbox"/> Change <input type="checkbox"/> Addition (Address)					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OWNE, PHILIP C 1509 SUNSET POINTE KISSIMMEE, FL 34744	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>OWEN, PHILIP C.</b>
<input type="checkbox"/> Change <input type="checkbox"/> Addition (Type)					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHAFER, MICHAEL R 800 S. ORLANDO AVE., #100 MAITLAND, FL 32751	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>2-15-06</u>		Daytime Phone # <u>407-481-2289</u>