

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2007 08:00 AM
Secretary of State

DOCUMENT # N02000001922

1. Entity Name
CONSTITUTIONAL RIGHTS NETWORK, INC.



Principal Place of Business
2825 FREDRICK ST.
CANTONMENT, FL 32533

Mailing Address
9617 SWAN LAKE RD
ALBORN, MN 55702



02252007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
41-2035921

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MILLS, OCIE C
2825 FREDRICK ST.
CANTONMENT, FL 32533

**DO NOT WRITE
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, 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 May 1, 2007**

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
MILLS, OCIE C
2825 FREDRICK ST.
CANTONMENT, FL 32533

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SANTERRE, KENNETH J
8500 SW 179TH ST
MIAMI, FL 33157

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WEEKS, JULIE D
2825 FREDRICK ST
CANTONMENT, FL 32533

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000720662
05/01/07-80113-012 61.25

**DO NOT WRITE
IN THIS SPACE**

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: OCIE C. Mills

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OCIE C. Mills
Pres

4-18-07

Date

Daytime Phone #