# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 31, 2009**
**Secretary of State**

DOCUMENT# N03000003580

**Entity Name:** COUNCIL FOR CONSTITUTIONAL PRINCIPLES INC.

**Current Principal Place of Business:**

5645 ELEUTHERN WAY
NAPLES, FL 31419

**New Principal Place of Business:**

**Current Mailing Address:**

5645 ELEUTHERN WAY
NAPLES, FL 31419

**New Mailing Address:**

**FEI Number: 32-0076876** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**

**Name and Address of Current Registered Agent:**

MACCHIA, THOMAS
5645 ELEUTHERN WAY
NAPLES, FL 31419 US

**Name and Address of New Registered Agent:**

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: _____
Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete
Name: EDMONDS, DEAN
Address: 1019 SPYGLASS LANE
City-St-Zip: NAPLES, FL 34102

Title: D ( ) Delete
Name: MACCHIA, THOMAS
Address: 5645 ELEUTHERN WAY
City-St-Zip: NAPLES, FL 31419

Title: D ( ) Delete
Name: NEIDITZ, VICTOR
Address: 4031 FULFSHORE BLVD
City-St-Zip: NAPLES, FL 34103

Title: D ( ) Delete
Name: BAUMGARTNER,JR, DONAVIN A.
Address: 506 WEDGEWOOD WAY
City-St-Zip: NAPLES, FL 34119

Title: ( ) Delete
Name:
Address:
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D ( ) Change (X) Addition
Name: WILLOUGHBY, BARRY
Address: 10367 AUTUMN BREEZE DR #202
City-St-Zip: BONITA SPRINGS, FL 34135

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: THOMAS MACCHIA D 05/31/2009
Electronic Signature of Signing Officer or Director — Date