

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 13, 2008 8:00 am**  
**Secretary of State**

05-13-2008 90013 005 \*\*\*\*70.00

**DOCUMENT # N39858**

1. Entity Name  
**CITIZENS FOR CONSTITUTIONAL PROPERTY RIGHTS,  
INC.**



Principal Place of Business  
**65 COUNTRY CLUB ROAD  
COCOA BEACH, FL 32931**

Mailing Address  
**P O BOX 540575  
MERRITT ISLAND, FL 32954**

4010100 -



04032008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3029440**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional  
Fee Required**

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

**MOEHLE, MICHAEL  
13 CRYSTAL RIVER DR.  
COCOA BEACH, FL 32931**

**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

*Michael Moehle*  
**Michael Moehle**

**4/23/08**

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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	RUSSELL, DAVID A.
STREET ADDRESS	499 N FERDON BLVD
CITY - ST - ZIP	CRESTVIEW, FL
TITLE	PD
NAME	MOEHLE, MICHAEL
STREET ADDRESS	<del>65 COUNTRY CLUB ROAD</del> P.O. Box 321368
CITY - ST - ZIP	<del>COCOA BEACH, FL 32931</del> 32932
TITLE	D
NAME	REITER, DEANNA
STREET ADDRESS	173 MARTIESDA WAY
CITY - ST - ZIP	INDIAN HARBOR BEACH, FL 32937
TITLE	S
NAME	KANE, DELORES
STREET ADDRESS	5425 S TROPICAL TRAIL
CITY - ST - ZIP	MERRITT ISLAND, FL 32949
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**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:**

*Michael Moehle*  
**Michael Moehle**

**4/23/08**

**321-793-6955**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #