2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39858

FILED Apr 29, 2009 Secretary of State

Entity Name: CITIZENS FOR CONSTITUTIONAL PROPERTY RIGHTS, INC.

Current Principal Place of Business: New Principal Place of Business: 65 COUNTRY CLUB ROAD COCOA BEACH, FL 32931 **Current Mailing Address: New Mailing Address:** P O BOX 540575 P O BOX 321368 MERRITT ISLAND, FL 32954 COCOA BEACH, FL 32932 FEI Number: 59-3029440 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of New Registered Agent: Name and Address of Current Registered Agent: MOEHLE, MICHAEL MOEHLE, MICHAEL 13 CRYSTAL RIVER DR 65 COUNTRY CLUB RD COCOA BEACH, FL 32931 US COCOA BEACH, FL 32931 US 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: MICHAEL MOEHLE 04/29/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete RUSSELL.DAVID A. Name: Name: 499 N FERDON BLVD Address: Address: City-St-Zip: CRESTVIEW, FL City-St-Zip: Title: PD Title: () Delete () Change () Addition Name: MOEHLE, MICHAEL Name: Address: PO BOX 321368 Address: City-St-Zip: COCOA BEACH, FL 32932 City-St-Zip: Title: () Delete Title: () Change () Addition REITER, DEANNA Name: Name: 173 MARTIESDA WAY Address: Address: City-St-Zip: INDAIN HARBOR BEACH, FL 32937 City-St-Zip: Title: () Delete Title: () Change () Addition Name: KANE, DELORES Name: Address: 5425 S TROPICAL TRAIL Address: City-St-Zip: MERRITT ISLAND, FL 32949 City-St-Zip:

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: MICHAEL MOEHLE P 04/29/2009