FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

CITY-ST-ZIP

N50792

CITIZENS FOR CONSTITUTIONAL PROPERTY RIGHTS EDUC ATION FOUNDATION, INC.

Principal Place of Business Mailing Address P.O. BOX 757 P.O. BOX 757 CRESTVIEW FL 32538-0757 CRESTVIEW FL 32536 3. Date Incorporated or Qualified 3a. Date of Last Report 09/09/1992 06/03/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3157189 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8,75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country This corporation has liability for Intangible tax under s. 199.032, Florida Statutes 29 30 Florida Statutes Yes 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name RUSSELL, DAVID A. Street Address (P.O. Box Number is Not Acceptable) 82 499 N. FERDON BLVD. 63 CRESTMEW FL 32536 City Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS 13. Addition Change DELETE 1.1 TITLE TITLE RUSSELL, DAVID A. 1.2 NAME NAME 499 N. FERDON BLVD. 1.3 STREET ADDRESS STREET ADDRESS **CRESTVIEW FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition Change 2.1 TITLE TITLE EWING, RAY 2.2 NAME NAME 4028 W. FAIRFIELD DR. STREET ADDRESS 2.3 STREET ADDRESS PENSACOLA FL 2.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition TITLE 31 TITLE GLOVER, GLENDA NAME 3.2 NAME 115 WAYNELL CIRCLE 3.3 STREET ADDRESS STREET ADDRESS FT. WALTON BCH. FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE KING, LUCILLE P. NAME 4. 2 NAME STREET ADDRESS 499 N. FERDON BLVD. 4.3 STREET ADDRESS **CRESTVIEW FL** 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ■ Addition TITLE 51 TITLE 5.2 NAME NAME STREET ADDRESS **5.3 STREET ADDRESS** 5.4 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ DELETE 6.1 TITLE Change ☐ Addition NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Bloc SIGNATURE.

6.4 CITY - ST - ZIP

FILED

Feb 18 1997 8:00am

Secretary of State