

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2006 08:00 AM
Secretary of State

DOCUMENT # N50792

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



Principal Place of Business
**PO BOX 321416
COCOA BEACH, FL 32932**

Mailing Address
**PO BOX 321416
COCOA BEACH, FL 32932**

DO NOT WRITE IN THIS SPACE



03292006 No Chg-NP

CR2E037 (11/05)

4. FEI Number
59-3157189

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MOEHLE, MICHAEL
65 COUNTRY CLUB RD.
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

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

April 26, 2006

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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

**DC
RUSSELL, DAVID A.
499 N. FERDON BLVD.
CRESTVIEW, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
MOEHLE, MIKE
PO BOX 321416
COCOA BEACH, FL 32932**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
SIMMS, DON
2925 BUSINESS CENTER PKWY. STE A-1R
MELBOURNE, FL 32940**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000563642
05/20/06-80020-009 70.00

**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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 26, 2006 321-783-6955

Date

Daytime Phone #