

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

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

05-13-2008 90013 004 ****70.00

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

40101000



04032008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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 *MOE MOE 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	DC
NAME	RUSSELL, DAVID A.
STREET ADDRESS	499 N. FERDON BLVD.
CITY - ST - ZIP	CRESTVIEW, FL
TITLE	D
NAME	MOEHLE, MIKE
STREET ADDRESS	PO BOX 321416 PO Box 321369
CITY - ST - ZIP	COCOA BEACH, FL 32932
TITLE	D
NAME	SIMMS, DON
STREET ADDRESS	2925 BUSINESS CENTER PKWY. STE A-1R
CITY - ST - ZIP	MELBOURNE, FL 32940
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: *MOE MOE Michael Moehle*

4/23/08

321-783-6955

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #