2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 23, 2004 8:00 am Secretary of State

DOCUMENT # N9400005171 1. Entity Name CITIZENS FOR CONSTITUTIONAL PROPERTY RIGHTS LEGAL FOUNDATION, INC.							01-23-200)4 90028 ()44 ****	61.25
Principal Place of Business Mailing Address P 0 B0X 757 P 0 B0X 757 CRESTVIEW, FL 32536 CRESTVIEW, FL 32536				•						
2. Principal Place of Business 3.			3. Mailing Address							
Suite, Apt. #, etc.		Suite	Suite, Apt. #, etc.			01072004	Chg-NP	CR2E03	7 (10/03)	
City & State		City &	City & State			4. FEI Number 59-32789	924			pplied For
Zip			ip Coui		ntry	5. Certificate of Status Desired			8.75 Ade	
يات دانج	— 6. Name and Address of Curre	nt Registered	Agent			7. Name and A	ddress of New F	Registered A	gent	
RUSSELL	DAVID A				Name					
RUSSELL, DAVID A 499 N FERDON BLVD CRESTVIEW, FL 32536					Street Address (P.O. Box Number is Not Acceptable)					
					City		·····	FL	Zip Coo	le
8. The above	named entity submits this statement	t for the purpose	e of changing its re	egistere	d office or registe	red agent, or both,	in the State of Fi	lorida. I am fa	amiliar with,	and accept
the obligat	tions of registered agent.									:
12	Signature, typed or printed name of registered ag	ent and title if applica	ble. (NOTE: I	Registered	Agent signature required	d when reinstating)		DATE	1 42-10-1	30
Filing Fee is \$61.25 Due by May 1, 2004			9. Election Campaign Financing Trust Fund Contribution.					Make check	parenble t	iiri wa
	Due by May 1, 2004	ŀ				\$5.00 May Be Added to Fees		rida Depart		
10.	OFFICERS AND	DIRECTORS			on.	\$5.00 May Be Added to Fees ADDITIONS/CHAN	Flo	rida Depart	ment of S	tate
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	OFFICERS AND	DIRECTORS	Trust Fund Co	11.	on.	Added to Fees	Flo	rida Departi ERS AND DIR	ment of S	tate
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indicated on this report of 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 his 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!

JOUTH OF JUSSELL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR

Date Daytime Phone #