

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-13-2008 90013 006 ****70.00

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



Principal Place of Business

65 CTRY CLUB RD
COCOA BEACH, FL 32931

Mailing Address

POB 321416
COCOA BEACH, FL 32932



04032008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3278924

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOCHLE, 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 Mochle*

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 D
NAME RUSSELL, DAVID A
STREET ADDRESS 499 N FERDON BLVD
CITY-ST-ZIP CRESTVIEW, FL 32536

TITLE D
NAME MOEHLE, MIKE
STREET ADDRESS *PO Box 321368*
~~P.O. BOX 321416~~
CITY-ST-ZIP *32931*
~~COCOA BEACH, FL 32932~~

TITLE TRUS
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 Mochle*

4/23/08

321-783-6455

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #