


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # N03000005377</b> 1. Entity Name <b>FLORIDIANS FOR CONSTITUTIONAL INTEGRITY, INC.</b>	
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Principal Place of Business 3212 N.W. 58TH BLVD. GAINESVILLE, FL 32606	Mailing Address 3212 N.W. 58TH BLVD. GAINESVILLE, FL 32606
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**DO NOT WRITE IN THIS SPACE**

FILED  
05 JUL -7 PM 2:55  
01/12/05 80008008 6/25  
SECRET  
01/12/05 80008008 6/25  
07052005 No Chg-NP CR2E037 (10/03)

4. FEI Number 37-1469298	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BEDELL, GEORGE C  
3212 N.W. 58TH BLVD.  
GAINESVILLE, FL 32606

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEDELL, GEORGE C 3212 N.W. 58TH BLVD. GAINESVILLE, FL 32606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YORK, E. TRAVIS PH.D 4020 S.W. 78TH ST. GAINESVILLE, FL 32601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHORESTEIN, SAMUEL 8265 BAYBERRY RD. JACKSONVILLE, FL 32256
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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12. I 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 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:** George C. Bedell **7-5-05** **352-371-0946**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #