2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND PRED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # N03000010271 1. Entity Name FLORIDIANS TO DEFEND THE CONSTITUTION, INC.							Feb 14, 2005 08:00 AM Secretary of State			
FLORIDIA	ANS TO L	PEFEND THE CON	เรเมีย	iON, INC.						
Principal Place of Business _			Maili	Mailing Address			1			
2520 S.W. 22ND STREET SUITE 2 MIAMI FL 33145			SUIT	2520 S.W. 22ND STREET SUITE 2 MIAMI FL 33145						F310 (
2. Principal Place of Business			3. Ma	3. Mailing Address						
Suite, Apt #, etc.			s	Suite, Apt. #, etc.			1st MC	OORE CR2E	037 (10/04)	
City & State			С	City & State			4. FEI Number 8	1-0638073		plied For at Applicable
Zip		Country		lp	Cou	untry	5. Certificate of St		\$8.75 Add Fee Require	ditional d
6. Name and Address of Current Registered Agent						Name	7. Name and Add	ress of New Registere	d Agent	
VILLALOBOS, ALEX 2520 S.W. 22ND STREET						Street Address (P.O. Box Number is Not Acceptable)				
SUITE 2 MIAMI, FL FL 33145								,		
						City		F	_	
	named entit tions of regist	y submits this statement tered agent.	for the pur	pose of changing its	register	ed office or registe	red agent, or both, in	the State of Florida. I a	m familiar with,	and accept
SIGNATURE.	Signature, typed	or printed name of registered again	nt and tille if as	oplicable (NOTE	E Reg∹stere	d Agent signature required	d when reinsteling)	DATE		
FILE NOW: FEE IS \$61.25 9. Election Campaig Due By May 1, 2005 Trust Fund Contril							\$5.00 May Be Added to Fees	Make Che Florida Dep	ck Payable artment of S	
10.		OFFICERS AND D	IRECTORS	<u> </u>	11.		ADDITIONS/CHANG	ES TO OFFICERS AND	DIRECTORS IN	10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1	OS, J. ALEX 22 STREET STE 2 33145		☐ Delete			02.	U000002291 76 /14/05-80063-	□ Change 014 50.04	☐ Addition
TITLE NAME STREET ADDRECS CITY-ST-ZIP				□ Delete					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			·	☐ Delete			and the second s		☐ Change	Addition
NTLE NAME STREET ADDRESS CITY-ST-ZIP			, · · · · ·	☐ Delete					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY+ST-ZIP			·	☐ Delete					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY+ST-ZIP				☐ Delete					☐ Change	Addition
of the car	poration or the	e information supplied wi rt or supplemental report ne receiver or trustee em achment with an address	powered to	execute this report	as requi	mption stated in Se ture shall have the red by Chapter 61	ection 119.07(3)(i), Fi same legal effect as 7, Florida Statutes, ar	orida Statutes. I further of if made under oath; that id that my name appear	certify that the in I am an officer is in Block 10 or	oformation or director r Block 11 if

FILED

2 -/0-05 305-278-179/ Date Daytime Phone 4