2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002815

FILED May 02, 2005 Secretary of State

Entity Name: POLITICAL COMMUNICATION RESEARCH FOUNDATION, INC.

Current Princinal	Place of Business:	New Princ	ipal Place of Business:
2230 NW 24 AVE GAINESVILLE, FL		New I IIIIc	ipai i lace di Basilless.
Current Mailing Address:		New Mailii	ng Address:
2230 NW 24 AVE GAINESVILLE, FL	32605		
FEI Number: 20-1038855 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent:			
KAID, LYNDIA LEE 2230 NW 24 AVE GAINESVILLE, FL	32605 US		4 AVE .LE, FL 32605 US
in the State of Florid		or changing ii	ts registered office or registered agent, or both,
SIGNATURE: LYN			05/02/2005
Electronic Signature of Registered Agent OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	DR () Change (X) Addition KAID, LYNDA L PRES 2230 NW 24 AVE GAINESVILLE, FL 32605 US
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	DR () Change (X) Addition JONES, CLIFFORD A VP/TR 2230 NW 24 AVE GAINESVILLE, FL 32605 US
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	DR () Change (X) Addition MCKINNEY, MITCHELL S SEC 6660 MEADOW MAPLES DRIVE COLUMBIA, MO 65203 US
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	DR () Change (X) Addition TEDESCO, JOHN C BD MEM 1304 HILLCREST DRIVE BLACKSBURG, VA 24060 US
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	DR () Change (X) Addition BYSTROM, DIANNE G BD MEM 3103 SYCAMORE ROAD AMES, IA 50014 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLIFFORD A. JONES DR 05/02/2005