

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002815

FILED
Aug 28, 2006
Secretary of State

Entity Name: POLITICAL COMMUNICATION RESEARCH FOUNDATION, INC.

Current Principal Place of Business:

2230 NW 24 AVE
GAINESVILLE, FL 32605

New Principal Place of Business:

Current Mailing Address:

2230 NW 24 AVE
GAINESVILLE, FL 32605

New Mailing Address:

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:

KAID, LYNDIA LEE
2230 NW 24 AVE
GAINESVILLE, FL 32605 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DR () Delete
Name: KAID, LYNDIA L PRES
Address: 2230 NW 24 AVE
City-St-Zip: GAINESVILLE, FL 32605 US

Title: DR () Delete
Name: JONES, CLIFFORD A VP/TR
Address: 2230 NW 24 AVE
City-St-Zip: GAINESVILLE, FL 32605 US

Title: DR () Delete
Name: MCKINNEY, MITCHELL S SEC
Address: 6660 MEADOW MAPLES DRIVE
City-St-Zip: COLUMBIA, MO 65203 US

Title: DR () Delete
Name: TEDESCO, JOHN C BD MEM
Address: 1304 HILLCREST DRIVE
City-St-Zip: BLACKSBURG, VA 24060 US

Title: DR () Delete
Name: BYSTROM, DIANNE G BD MEM
Address: 3103 SYCAMORE ROAD
City-St-Zip: AMES, IA 50014 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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

VP

08/28/2006

Electronic Signature of Signing Officer or Director

Date