2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 26, 2009
Secretary of State

DOCUMENT# N04000002815

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, LYNDA 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, LYNDA 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 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 06/26/2009

Electronic Signature of Signing Officer or Director — Date