


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2004 08:00 AM
Secretary of State

DOCUMENT # N00000001256 1. Entity Name RISS DIRECTORS ASSOCIATION, INC.	
--	---

Principal Place of Business 2050 CENTRE POINTE BLVD. TALLAHASSEE, FL 32308	Mailing Address P.O. BOX 12729 TALLAHASSEE, FL 32317-2729
--	---



02092004 No Chg-NP CR2E037 (10/03)

4. FEI Number 31-1719187	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent BUCKLEY, E. BRUCE 2050 CENTRE POINTE BLVD. TALLAHASSEE, FL 32308

**DO NOT WRITE
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 _____

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LYNCH, GERARD P 3011 ALICIA DR. WALL, NJ 07719
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEYERMOND, WILLIAM M 466 SALEM ST. NO. ANDOVER, MA 01845
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROGERS, JAMES T 706 IRONWOOD DRIVE BOWLING GREEN, KY 42103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VINSON, JOHN E 5538 W. MISTY WILLOW LN. GLENDALE, AZ 85310
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPITZ, DOLVE 460 N LEXINGTON DRIVE FOLSOM, CA 95630
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELLEFSSEN, ED 1821 S. GARRISON CARTHAGE, MO 64836

U000000051403
02/16/04-80050-009 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

Ed Ellefsen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ed Ellefsen

02/10/04

(417) 883-4383

Date

Daytime Phone #