

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2005 8:00 am
Secretary of State

02-18-2005 90054 029 ****61.25

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**

20012522



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02022005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
31-1719187

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BUCKLEY, E. BRUCE
2050 CENTRE POINTE BLVD.
TALLAHASSEE, FL 32308**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **D LYNCH, GERARD P**
STREET ADDRESS **3011 ALICIA DR.**
CITY-ST-ZIP **WALL, NJ 07719**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D DEYERMOND, WILLIAM M**
STREET ADDRESS **466 SALEM ST.**
CITY-ST-ZIP **NO. ANDOVER, MA 01845**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D ROGERS, JAMES T**
STREET ADDRESS **706 IRONWOOD DRIVE**
CITY-ST-ZIP **BOWLING GREEN, KY 42103**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D VINSON, JOHN E**
STREET ADDRESS **5538 W. MISTY WILLOW LN.**
CITY-ST-ZIP **GLENDALE, AZ 85310**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **D SPITZ, DOLVE**
STREET ADDRESS **460 N LEXINGTON DRIVE**
CITY-ST-ZIP **FOLSOM, CA 95630**

TITLE ☒ Change ☐ Addition
NAME **Director**
STREET ADDRESS **Karen L. Aumond**
CITY-ST-ZIP **14180 Red Rock Court**
Auburn, CA 95602

TITLE ☐ Delete
NAME **D ELLEFSEN, ED**
STREET ADDRESS **1821 S. GARRISON**
CITY-ST-ZIP **CARTHAGE, MO 64836**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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, Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/14/05

Date

(417) 883-4383

Daytime Phone #