## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N0000001256

Entity Name: RISS DIRECTORS ASSOCIATION, INC.

FILED Apr 12, 2006 Secretary of State

analy Name: Priod Birtze Forke / Roccoli, Wilder					
Current Principal Place of Business:			New Princ	New Principal Place of Business:	
	RE POINTE E SEE, FL 3230				
Current Mailing Address:			New Mailing Address:		
P.O. BOX 12729 TALLAHASSEE, FL 323172729					
FEI Number: 31-1719187 FEI Number Applied For ( ) FEI Nu			lumber Not App	licable ( ) Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
	E. BRUCE RE POINTE E SEE, FL 3230				
The above in the State		submits this statement for the purpose	of changing i	ts registered office or registered agent, or both,	
SIGNATURE:					
	Electron	ic Signature of Registered Agent		Date	
OFFICERS AND DIRECTORS:			ADDITION	IS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () LYNCH, GERAR 3011 ALICIA DR WALL, NJ 077	₹.	Title: Name: Address: City-St-Zip:	D (X) Change () Addition BORRELLI, PATRICIA A 1026 KINGSCOTE DRIVE HARLEYSVILLE, PA 19438	
Title: Name: Address: City-St-Zip:	D () DEYERMOND, V 466 SALEM ST. NO. ANDOVER,		Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition KENNEDY, DONALD F 140 TILLINGHAST ROAD COVENTRY, RI 02816	
Title: Name: Address: City-St-Zip:	D () ROGERS, JAME 706 IRONWOOI BOWLING GRE	D DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () VINSON, JOHN 5538 W. MISTY GLENDALE, AZ	WILLOW LN.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () AUMOND, KARE 14180 RED RO AUBURN, CA 9	CK COURT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () ELLEFSEN, ED 1821 S. GARRIS CARTHAGE, MO		Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition SNAVELY, MICHAEL W 3647 SOUTH BRITAIN AVENUE SPRINGFIELD, MO 65807	

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: MICHAEL W SNAVELY D 04/12/2006