2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2009
Secretary of State

DOCUMENT# N00000001256

Entity Name: RISS DIRECTORS ASSOCIATION, INC.

Current Principal Place of Business:

2050 CENTRE POINTE BLVD.
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 12729
TALLAHASSEE, FL 32317 US

New Mailing Address:

FEI Number: 31-1719187 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BUCKLEY, E. BRUCE
2050 CENTRE POINTE BLVD.
TALLAHASSEE, FL 32308 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:	D	( ) Delete
Name:	BORRELLI, PATRICIA A	
Address:	1026 KINGSCOTE DRIVE	
City-St-Zip:	HARLEYSVILLE, PA 19438	
Title:	D	( ) Delete
Name:	KENNEDY, DONALD F	
Address:	140 JOHN TILLINGHAST ROAD	
City-St-Zip:	GREENE, RI 02827	
Title:	D	( ) Delete
Name:	ROGERS, JAMES T	
Address:	706 IRONWOOD DRIVE	
City-St-Zip:	BOWLING GREEN, KY 42103	
Title:	D	( ) Delete
Name:	VINSON, JOHN E	
Address:	5538 W. MISTY WILLOW LN.	
City-St-Zip:	GLENDALE, AZ 85310	
Title:	D	( ) Delete
Name:	AUMOND, KAREN L	
Address:	14180 RED ROCK COURT	
City-St-Zip:	AUBURN, CA 95602	
Title:	D	( ) Delete
Name:	SNAVELY, MICHAEL W	
Address:	3647 SOUTH BRITAIN AVENUE	
City-St-Zip:	SPRINGFIELD, MO 65807	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	WILLIAMS, DONNA K	
Address:	1905 HAMPTON DRIVE	
City-St-Zip:	LEBANON, TN 37087	
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: PATRICIA A. BORRELLI D 02/23/2009

Electronic Signature of Signing Officer or Director — Date