2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2009
Secretary of State

DOCUMENT# N03000004947

Entity Name: PARACHUTE RIGGERS ASSOCIATION, INC.

Current Principal Place of Business:

10874 LUNA POINT ROAD
TALLAHASSEE, FL 32312

New Principal Place of Business:

Current Mailing Address:

10874 LUNA POINT ROAD
TALLAHASSEE, FL 32312

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STEWART, ROLLINS
10874 LUNA POINT ROAD
TALLAHASSEE, FL 32312 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:	STEWART, ROLLINS	
Address:	10874 LUNA POINT ROAD	
City-St-Zip:	TALLAHASSEE, FL 32312	
Title:	D	( ) Delete
Name:	MARTIN, JAN	
Address:	12826 KULINGTON RD	
City-St-Zip:	JACKSONVILLE, FL 322580000	
Title:	D	( ) Delete
Name:	CADWALLADER, JOHN R	
Address:	3909 SPLIT OAK DR	
City-St-Zip:	KILLEEN, TX 765424058	
Title:	D	( ) Delete
Name:	PENDELL, KENNETH L	
Address:	3920 MERIDAN AVE	
City-St-Zip:	MARYSVILLE, WA 982716832	
Title:	D	( ) Delete
Name:	WHALEN, JOHN E JR	
Address:	312 BARCELONS DR.	
City-St-Zip:	TOMS RIVER, NJ 087530000	
Title:	SEC	( ) Delete
Name:	MASSAY, BILLY `	
Address:	1 MINIATURE LN	
City-St-Zip:	WILLINGBORO, NJ 080463190	

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:	
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: JOHN E. WHALEN JR D 01/17/2009

Electronic Signature of Signing Officer or Director — Date