

DOCUMENT# N08000000264

Entity Name: PARARESCUE BENEVOLENT ASSOCIATION, INC.

New Principal Place of Business:**Current Mailing Address:****New Mailing Address:**

FEI Number: 26-2079019

FEI Number Applied For ()

FBI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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
Name: TAYLOR, ROY A
Address: 673 ST. LUCIA COVE
City-St-Zip: NICEVILLE, FL 32578

Title: D
Name: WATSON, JAMES W
Address: 1661 FLORENCE AVE
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: D
Name: MOORE, GLENN M
Address: 4800 ACORN DR
City-St-Zip: CRESTVIEW, FL 32539

I hereby 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 all other like empowered.

SIGNATURE: ROY TAYLOR

D

02/09/2011

Electronic Signature of Signing Officer or Director

Date _____