FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 19 AM 8:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N32313 (1)

1. Corporation Name
THE NATIONAL ASSOCIATION OF PAPERSTOCK WOMEN, IN C.

Principal Place of Business	Mailing Address
POST OFFICE BOX 14245 NORTH PALM BEACH FL 33408	POST OFFICE BOX 14245 NORTH PALM BEACH FL 33408

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/15/1989
3a. Date of Last Report: 06/15/1994
4. FEI Number: 65-0131974 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 3300 PGA BLVD.	26 3300 PGA BLVD.
Suite, Apt. #, etc. 22 635	Suite, Apt. #, etc. 27 635
City & State 23 PALM BEACH GARDENS, FL	City & State 28 PALM BEACH GARDENS, FL
Zip / Country 24 33410 25 USA	Zip / Country 29 33410 30 USA

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BYRD, BARRY B. 4400 PGA BLVD. SUITE 900 PALM BEACH GARDENS 33410	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	DIRECTOR.	☑ Change ☐ Addition
NAME	KREVER, NINI	1.2 NAME	KREVER, NINI	
STREET ADDRESS	321 NORTHLAKE BLVD.#205	1.3 STREET ADDRESS	3300 PGA BLVD, STE. 635	
CITY-ST-ZIP	N. PALM BEACH FL	1.4 CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	
TITLE	D	2.1 TITLE	SECRETARY	☑ Change ☐ Addition
NAME	BURKE, ROBBIE	2.2 NAME	KANE, BETH	
STREET ADDRESS	321 NORTHLAKE BLVD.#205	2.3 STREET ADDRESS	3300 PGA BLVD., STE. 635	
CITY-ST-ZIP	N. PALM BEACH FL	2.4 CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	
TITLE	T	3.1 TITLE	TREASURER	☑ Change ☐ Addition
NAME	NUNNELEE, JEAN	3.2 NAME	NUNNELEE, JEAN	
STREET ADDRESS	321 NORTHLAKE BLVD #205	3.3 STREET ADDRESS	3300 PGA BLVD., STE. 635	
CITY-ST-ZIP	NO PALM BCH FL	3.4 CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	
TITLE	D	4.1 TITLE	DIRECTOR	☑ Change ☐ Addition
NAME	GARRETT,CELIA MONTELEONE	4.2 NAME	GARRETT, CELIA MONTELEONE	
STREET ADDRESS	321 NORTHLAKE BLVD. #205	4.3 STREET ADDRESS	3300 PGA BLVD., STE. 635	
CITY-ST-ZIP	N. PALM BEACH FL	4.4 CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	
TITLE	P	5.1 TITLE	PRESIDENT	☑ Change ☐ Addition
NAME	GRANT, NANCY	5.2 NAME	GRANT, NANCY	
STREET ADDRESS	321 NORTHLAKE BLVD #205	5.3 STREET ADDRESS	3300 PGA BLVD., STE. 635	
CITY-ST-ZIP	N. PALM BEACH FL	5.4 CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	
TITLE	S	6.1 TITLE	VP	☑ Change ☐ Addition
NAME	KEISER, DONNA	6.2 NAME	KEISER, DONNA	
STREET ADDRESS	321 NORTHLAKE BLVD #205	6.3 STREET ADDRESS	[redacted] 3300 PGA Blvd, Ste. 635	
CITY-ST-ZIP	NO PLAM BCH FL	6.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33410	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jean Nunnelee JEAN NUNNELEE 4.14.95 (901) 763-6243
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #