FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #

1. Corporation Name N32313

(1)

THE NATIONAL ASSOCIATION OF PAPERSTOCK WOMEN, IN

Principal Place	of Business	Mailing Address				THE REPORT OF THE PARTY OF THE	******************	#11 #18 11	91911 91911 1961	
3300 PGA BLVD. 3300 PGA BLVD.						·				
STE. 635		STE. 635								
PALM BEACH US	GARDENS FL 33410		PALM BEACH GARDENS FL 33410 US			3. Date Incorporated or Qualified	3a. Date of	of Last I	Report	
00		00				05/15/1989	04,	4/19/1995		
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number		/A	applied For	
1		26				65-0131974			Not Applicable	
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	D (Additional	
22		27				Fee Required				
City & State		City & State				6. Election Campaign Financing \$5.00 May Be				
23	1 0 1	28	T 0=			Trust Fund Contribution			to Fees	
Zip	Country	Zip	Country 30			8. This corporation has liability for Intangible tax under s. 199.032, Florida Statutes				
24	25 9. Name and Address of Current	29 Pagistered Agent	[30]	ı		Florida Statutes LI Yes LI No 10. Name and Address of New Registered Agent				
	5. Hamo and Padrosa VI Caronic	riogistorou Agont		B1	Name	10.				
BYRD, B	ADDV B									
4400 PG				82 Street Addr		dress (P.O. Box Number is Not Acceptable	9)			
■ SUITE 90			63					•		
	EACH GARDENS 33410									
1 ALM DE	LACTI GANDENO SOTIO			84	City		FL	15 Zip	Code	
11 Pursuant t	to the provisions of Sections 617 0502 a	nd 617 1508 Florida Statut	es the abo	WA-I	named coro	oration submits this statement for the purp	ose of changi	no Its re	edistered office	
or register	red agent, or both, in the State of Florida	 Such change was authoriz 	ed by the o	corp	oration's bo	ard of directors. I hereby accept the appo	intment as reg	istered	agent. I am	
familiar wit	th, and accept the obligations of, Section	n 617.0503, Florida Statutes	3.							
SIGNATURE _	Signature, typed or printed name of registered agent an	nd title if anylicable INC	TE: Registered	Ager	it signature requi	ired when reinstating)	DATE			
12.	OFFICERS AND					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	D	DELETE						Change	☐ Addition	
NAME	Krever, Nini			1.2 NAME 1.3 STREET ADDRESS						
STREET ADDRESS	3300 PGA BLVD., STE. 635									
CITY - ST - ZIP	PALM BEACH GARDENS FL	1.4 0		1.4 CITY-ST-ZIP						
TITLE	\$ DELETE		2.1 Te	TLE		NA 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10		Change	☐ Addition	
NAMÉ	Kane, Beth		22 N	22 NAME						
STREET ADDRESS	3300 PGA BLVD., STE. 635	2		2 3 STREET ADDRESS						
CITY - ST - ZIP	PALM BEACH GARDENS FL		2 4 (ST-ZIP					
TITLE		DELETE	DELETE 311					Change	☐ Addition	
NAME	NUNNELEE, JEAN		32 NA							
STREET ADDRESS	3300 PGA BLVD., STE. 635		33\$	TREET	ADDRESS	•				
CITY-ST-ZIP	PALM BEACH GARDENS FL		3.4. (ITY-	ST-ZIP					
THLE	D DELETE		4.1 T	4.1 TITLE			_	Change	Addition	
NAME	GARRETT, CELIA MONTELEONE		4. 2 }	4. 2 NAME		50000172 -03/01/96010	2887	6		
STREET ADDRESS	3300 PGA BLVD., STE. 635			4.3 STREET ADDRESS		-03/01/96010	21001			
CITY-ST-ZIP			4.4 C	4.4 CITY - ST - ZIP		***61.25				
TITLE	P DELETE		5.1 T	5.1 TITLE				Change	■ Addition	
NAME	GRANT, NANCY		5.2 N	AME						
STREET ADDRESS	3300 PGA BLVD., STE. 635		5.3 STRE		ADDRESS					
CITY - ST - ZIP	PALM BEACH GARDENS FL		5.4 CITY-ST-ZIP							
TITLE	VP □DELE		6.1 T	ITLE				Change	☐ Addition	
NAME	KEISER, DONNA		6.2 N	AME						
STREET ADDRESS	3300 PGA BLVD., STE. 635		6.3 S	TREE	ADDRESS					
CITY-ST-ZIP	PALM BEACH GARDENS FL		640	HTY-S	ST-ZIP				•	

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)(k), 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:

SIGNATURE

Description of the corporation 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:

SIGNATURE

Description of the corporation of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, I further early executed by Chapter 617, Florida Statutes, I further early executed by Chapter 617, Florida Statutes, I further exertify that the information indicated in Section 119.07(3)(k), Florida Statutes, I further exertify that the information indicated in Section 119.07(3)(k), Florida Statutes, I further exertify that the information indicated in Section 119.07(3)(k), Florida Statutes, I further exertify that the information indicated in Section 119.07(3)(k), Florida Statutes, I further exertify that the information indicated in Section 119.07(3)(k), Florida Statutes, I further exertify that the information indicated in Section 119.07(3)(k), Florida Statutes, I further exertify that the information indicated in Section 119.07(3)(k), Florida Statutes, I further exertify that the information indicated in Section 119.07(3)(k), Florida Statutes, I further exertify that the information indicated in Section 119.07(3)(k), Florida St

SEAN NUMBELEE 2-23.96 (401) 763-6243

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