

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 01, 2005 8:00 am**  
**Secretary of State**

02-01-2005 90016 027 \*\*\*\*61.25

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<b>DOCUMENT # N32313</b> 1. Entity Name <b>THE NATIONAL ASSOCIATION OF PAPERSTOCK WOMEN, INC.</b>					
Principal Place of Business <b>3300 PGA BLVD</b> <b>635</b> <b>PALM BEACH GARDENS, FL 33410 US</b>			Mailing Address <b>3300 PGA BLVD</b> <b>635</b> <b>PALM BEACH GARDENS, FL 33410 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-0131974</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>BYRD, BARRY B.</b> <b>4400 PGA BLVD.</b> <b>SUITE 900</b> <b>PALM BEACH GARDENS, FL 33410</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b> Zip Code       </div>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	Antoinette JUCHA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CAPARELLI, TRISH		NAME	55 Crossingwinds Dr	
STREET ADDRESS	3806 KIRWOOD RUN		STREET ADDRESS	Pittsburgh, PA 15220	
CITY-ST-ZIP	KENNESAW, GA 30144		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	Jennifer Smith <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JUCHA, ANTOINETTE		NAME	1015 Riverstone Drive	
STREET ADDRESS	55 CROSSINGWINDS DR.		STREET ADDRESS	Aurora, IL 60504	
CITY-ST-ZIP	PITTSBURGH, PA 15220		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	MARI TA DANIELS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BELL, CAROLINE		NAME	1308 Jefferson Davis Hwy.	
STREET ADDRESS	3300 PGA BLVD SUITE 635		STREET ADDRESS	Richmond, VA 23224	
CITY-ST-ZIP	PALM BEACH GARDENS, FL		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LORD, DIANE		NAME		
STREET ADDRESS	3300 PGA BLVD, STE 635		STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	BARBARA Hudson <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LAURITSON, HOLLY		NAME	P.O. Box 339	
STREET ADDRESS	3300 PGA BLVD., STE. 635		STREET ADDRESS	Amherst, VA 24521	
CITY-ST-ZIP	PALM BEACH GARDENS, FL		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	Helena Urban <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FISHER, DEBRA		NAME	200 N. Cary St	
STREET ADDRESS	3300 PGA BLVD SUITE 635		STREET ADDRESS	Brockton, MA 02302	
CITY-ST-ZIP	PALM BEACH GARDENS, FL		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE: Diane Lord</b> <span style="float: right;">206-949-2008</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <span style="float: right;"><small>Date</small> <span style="margin-left: 50px;"><small>Daytime Phone #</small></span></span>					