

2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90183 013 ****61.25

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03022006 Chg-NP CR2E037 (11/05)

DOCUMENT # N32313 1. Entity Name THE NATIONAL ASSOCIATION OF PAPERSTOCK WOMEN, INC.					
Principal Place of Business 3300 PGA BLVD 635 PALM BEACH GARDENS, FL 33410 US			Mailing Address 3300 PGA BLVD 635 PALM BEACH GARDENS, FL 33410 US		
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 65-0131974	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BYRD, BARRY B. 4400 PGA BLVD. SUITE 900 PALM BEACH GARDENS, FL 33410			Name Street Address (P.O. Box Number is Not Acceptable) City		
			Zip Code <div style="text-align: right; font-weight: bold;">FL</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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	Linda Leone <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1967 Wehrle Drive Williamsville, NY 14221	
NAME	JUCHA, ANTOINETTE		NAME		
STREET ADDRESS	55 CROSSING WINDS DR.		STREET ADDRESS		
CITY-ST-ZIP	PITTSBURGH, PA 15220		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE		
NAME	SMITH, JENNIFER		NAME		
STREET ADDRESS	1015 RIVERSTONE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	AURORA, IL 60504		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		
NAME	DANIELS, MARITA		NAME		
STREET ADDRESS	1308 JEFFERSON DAVIS HWY		STREET ADDRESS		
CITY-ST-ZIP	RICHMOND, VA 23224		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		
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		
NAME	HUDSON, BARBARA		NAME		
STREET ADDRESS	PO BOX 339		STREET ADDRESS		
CITY-ST-ZIP	AMHERST, VA 24521		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		
NAME	URBAN, HELENA		NAME		
STREET ADDRESS	200 N. CARY ST		STREET ADDRESS		
CITY-ST-ZIP	BROCKTON, MA 02302		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
SIGNATURE: <u>Diane Lord</u> <i>Diane Lord, Treasurer</i> <u>3/4/06</u> <u>206-949-2008</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					