


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90077 035 ****61.25

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
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address NAPW
Suite, Apt. #, etc.	Suite, Apt. #, etc. PO Box 826
City & State	City & State WILLIAMSVILLE, NY
Zip	Zip 14221
Country	Country USA



01112007 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent BYRD, BARRY B. 4400 PGA BLVD. SUITE 900 PALM BEACH GARDENS, FL 33410	
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4. FEI Number 65-0131974	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code
FL	

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

Filing Fee is \$61.25 Due by May 1, 2007.	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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P - PRESIDENT LEON, LINDA 1967 WEHRLE DRIVE WILLIAMSVILLE, NY 14221 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P - VP SMITH, JENNIFER 1015 RIVERSTONE DRIVE AURORA, IL 60504 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DANIELS, MARITA 1308 JEFFERSON DAVIS HWY RICHMOND, VA 23224 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LORD, DIANE 3300 PGA BLVD, STE 635 PALM BEACH GARDENS, FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUDSON, BARBARA PO BOX 339 AMHERST, VA 24521 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S URBAN, HELENA 200 N. CARY ST BROCKTON, MA 02302 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY CHERYL SLOAN 120 HUTCHMAN RD MARS, PA 16046 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER MARIANNE WHIPPLE 30 SOUTH CAYUGA ROAD WILLIAMSVILLE, NY 14221 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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>Marianne Whipple</u>	Date: <u>3-12-07</u>	Daytime Phone #: <u>716-626-7045</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

MARIANNE WHIPPLE TREASURER