2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N32313

1. Entity Name

THE NATIONAL ASSOCIATION OF PAPERSTOCK WOMEN, IN



FILED Feb 27, 2003 8:00 am Secretary of State
02-27-2003 90132 013 ****61.25

Principal Place of Business		Mailing Address							
3300 PGA BLVD 635		3300 PGA BLVD							
PALM BEACH GARDENS FL 33410		635 PALM BEACH GARDENS FL 33410							
US 2. Principal Place of Business		US							
2. Principal Place of Business		3. Mailing Address				\$ 	JOH BUBIN ONBUN DIN	1(2)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FEI Number 65	0131974	⊢	pplied For ot Applicable	
Zip Country		Zip Country			5. Certificate of Status Desired \$8.75 Additional Fee Required				
	6. Name and Address of Current F	legistered Agent	gistered Agent			7. Name and Address of New Registered Agent			
				Name					
BYRD, B/			Street Address (F			P.O. Box Number is Not Acceptable)			
4400 PG/ SUITE 90									
	ACH GARDENS EL 33410								
			•		FI	L Zip Cod	le		
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.									
ing obligations of registeria agent.									
SIGNATURE									
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
. 1	FILE NOW: FEE IS \$61.25	aign Financi tribution.	ng	\$5.00 May Be Added to Fees	Make Ched Florida Depa				
					P	попа Вера	Tunent or .	State	
10.	OFFICERS AND DIRE		11. TITLE P	RECTOR	ADDITIONS/CHANGES	S TO OFFICERS AND D		_	
TITLE NAME	D Kuhlman, Barbara	Delete	NAME	CAN	PARELLI, 06 KIRW	1715H	☐ Change	Addition	
STREET ADDRESS	3300 PGA BLVD STE 635		STREET ADDR	ESS A	16 KIKU	GA 3019	111		
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410		CITY-ST-ZIP	11-14	NZSAWI	011 301	·		
TITLE	P TDICH	Delete	TITLE	PRE	SIDENT TOINETTE	= JUCHA	Change	☐ Addition }	
NAME STREET ADDRESS	MANCUSO, TRISH 3300 PGA BLVD SUITE 635		NAME STREET ADDR	ESS 5.5	CRO SSW	INDS BRI	UE_		
CITY-ST-ZIP	PALM BEACH GARDENS FL	F 1 + ±iti.	CITY-ST-ZIP	Pit	tsburgh.	PA 152	· <u>-</u> -	/	
TITLE	VP	☐ Delete	TITLE	580	RETBRY	1111-50	☐ Change	Addition	
NAME	BELL, CAROLINE 3300 PGA BLVD SUITE 635		NAME	50	ITH, JEA	INIFÉR	WITE &	20	
STREET ADDRESS CITY-ST-ZIP	PALM BEACH GARDENS FL		STREET ADDR	NIA	OFRIILLE	IGS AVE, S IL 6050	6.3		
TITLE	T	☐ Delete	TITLE	1 1 1 1 1 1	croner,	<u> </u>	☐ Change	Addition	
NAME	LORD, DIANE		NAME						
STREET ADDRESS CITY-ST-ZIP	3300 PGA BLVD, STE 635		STREET ADDR	ESS					
TITLE	PALM BEACH GARDENS FL D	☐ Delete	TITLE				☐ Change	Addition	
NAME	LAURITSON, HOLLY	Li Delete	NAME				□ Change	LI AUGUIOII	
STREET ADDRESS	3300 PGA BLVD., STE. 635		STREET ADDR	ESS					
CITY-ST-ZIP	PALM BEACH GARDENS FL		CITY-ST-ZIP	_					
TITLE NAME	s Fisher, Debra	☐ Delete	TITLE NAME				☐ Change	☐ Addition	
STREET ADDRESS	3300 PGA BLVD SUITE 635		STREET ADDR	ESS					
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.

SIGNATURE: