2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2005 08:00 AM
Secretary of State

DOCUMENT # N41313

1. Entity Name
THE PAPER WORKER'S AID FUND, INC.

Principal Place of Business	Mailing Address
P O BOX 87 375 MUSCOGEE RD CANTONMENT, FL 32533 US	P O BOX 87 CANTONMENT, FL 32533 US

DO NOT WRITE IN THIS SPACE

02282005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-1006158
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GREEN, R.M.
2957 CREIGHTON ROAD
PENSACOLA, FL 32504

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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, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	SINGLETON, VERA
STREET ADDRESS	4009 DEER WOOD CIRCLE
CITY-ST-ZIP	PACE, FL 32571
TITLE	V
NAME	WALLACE, WALTER J JR
STREET ADDRESS	700 WOODLAND DRIVE
CITY-ST-ZIP	PENSACOLA, FL 325032768
TITLE	D
NAME	BOWMAN, CARL
STREET ADDRESS	5052 GUERNSEY RD
CITY-ST-ZIP	PACE, FL 32571
TITLE	PD
NAME	GREEN, R.M.
STREET ADDRESS	2957 CREIGHTON BLVD
CITY-ST-ZIP	PENSACOLA, FL 32504
TITLE	S
NAME	JACKSON, TEENA M COBB
STREET ADDRESS	1625 BULEVAR MAJOR #4
CITY-ST-ZIP	PENSACOLA BEACH, FL 32561
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/05/05-80055-007 61.25

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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: Vera Singleton Vera Singleton 2-28-05 850-968-2121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #