2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006
Secretary of State

DOCUMENT# N41313

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

Current Principal Place of Business:

P O BOX 87
375 MUSCOGEE RD
CANTONMENT, FL 32533 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 87
CANTONMENT, FL 32533 US

New Mailing Address:

FEI Number: 59-1006158 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	T	( ) Delete
Name:	SINGLETON, VERA	
Address:	4009 DEER WOOD CIRCLE	
City-St-Zip:	PACE, FL 32571	
Title:	V	( ) Delete
Name:	WALLACE, WALTER J JR	
Address:	700 WOODLAND DRIVE	
City-St-Zip:	PENSACOLA, FL 325032768	
Title:	D	( ) Delete
Name:	BOWMAN, CARL,	
Address:	5052 GUERNSEY RD	
City-St-Zip:	PACE, FL 32571	
Title:	PD	( ) Delete
Name:	GREEN, R.M.	
Address:	2957 CREIGHTON BLVD	
City-St-Zip:	PENSACOLA, FL 32504	
Title:	S	( ) Delete
Name:	JACKSON, TEENA M COBB	
Address:	1625 BULEVAR MAJOR #4	
City-St-Zip:	PENSACOLA BEACH, FL 32561	
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	T	(X) Change ( ) Addition
Name:	MORRISON, MARIA D	
Address:	3221 N PINE BARREN RD	
City-St-Zip:	MCDAVID, FL 32568	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	AT	( ) Change (X) Addition
Name:	SINGLETON, VERA	
Address:	4009 DEERWOOD CIR	
City-St-Zip:	PACE, FL 32571	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DENISE MORRISON T 04/20/2006

Electronic Signature of Signing Officer or Director — Date