

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41313

FILED
Jan 03, 2007
Secretary of State

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: MORRISON, MARIA D
Address: 3221 N PINE BARREN RD
City-St-Zip: MCDAVID, FL 32568

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: AT () Delete
Name: SINGLETON, VERA
Address: 4009 DEERWOOD CIR
City-St-Zip: PACE, FL 32571

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: BURKETT, 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: () Change () Addition
Name:
Address:
City-St-Zip:

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: MARIA D BURKETT

T

01/03/2007

Electronic Signature of Signing Officer or Director

_____ Date