2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2009
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:

375 MUSCOGEE RD
CANTONMENT, FL 32533 US

Current Mailing Address:

P O BOX 87
CANTONMENT, FL 32533 US

New Mailing Address:

P.O. BOX 87
CANTOMENT, FL 32533 US

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: BURKETT, 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: MITTEN, PATTY
Address: 6555 SUWANNEE RD
City-St-Zip: PENSACOLA, FL 32526

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

Title: D ( ) Change (X) Addition
Name: BROWN, NED ROGER
Address: 1421 ROLLING OAKS DR.
City-St-Zip: MOLINO, FL 32577

I hereby certify that the information supplied with this filing does not qualify 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 BURKETT T 01/06/2009
Electronic Signature of Signing Officer or Director — Date