

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N41313

**FILED**  
**Jan 17, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

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

Title: D  
Name: COBURGER, MICHAEL C  
Address: 1007 STILLBROOK RD  
City-St-Zip: PENSACOLA, FL 32514

Title: D  
Name: BOWMAN, CARL  
Address: 5052 GUERNSEY RD  
City-St-Zip: PACE, FL 32571

Title: PD  
Name: GREEN, R.M.  
Address: 2957 CREIGHTON BLVD  
City-St-Zip: PENSACOLA, FL 32504

Title: S  
Name: MITTEN, PATTY  
Address: 6555 SUWANNEE RD  
City-St-Zip: PENSACOLA, FL 32526

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

I hereby 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 all other like empowered.

**SIGNATURE:** DENISE BURKETT

T

01/17/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date