


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # N96000000195
1. Entity Name
**FLORIDA PULP AND PAPER ASSOCIATION -
GOVERNMENTAL AFFAIRS, INC.**



Principal Place of Business
210 SOUTH MONROE STREET
TALLAHASSEE, FL 32301

Mailing Address
210 SOUTH MONROE STREET
TALLAHASSEE, FL 32301

DO NOT WRITE IN THIS SPACE



02122004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2806672

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FEARINGTON, MERCER
210 SOUTH MONROE STREET
TALLAHASSEE, FL 32301

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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

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

U00000061399
02/23/04-80079-018 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCRAE, RANDY 2350 FAIRLANE DR STE 100 MONTGOMERY, AL 36116
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, BOB POST OFFICE BOX 26009 JACKSONVILLE, FL 322266009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOOD, CHARLES H 133 PEACHTREE STREET ATLANTA, GA 30303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMMONS, H D ONE BUCKEYE DRIVE PERRY, FL 32347
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M PARROTT, JOSPEH R 5825 GLENRIDGE DR BLDG 3 STE 101 ATLANTA, GA 303285399
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Joseph R. Parrott* - JOSEPH R. PARROTT 2-19-04 404-314-7889
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #