


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 06, 2005 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
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DO NOT WRITE IN THIS SPACE



07282005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2806672	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FEARINGTON, MERCER
210 SOUTH MONROE STREET
TALLAHASSEE, FL 32301

**DO NOT WRITE
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 September 7, 2005**

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

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	

U00000377659
09/07/05-80007-008 61.25

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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 B. Parrott August 31, 2005 / 314-7889
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #