


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 8:00 am
Secretary of State

01-31-2008 90030 043 ****61.25

DOCUMENT # N96000000195					
1. Entity Name FLORIDA PULP AND PAPER ASSOCIATION - GOVERNMENTAL AFFAIRS, INC.					
Principal Place of Business 106 EAST COLLEGE AVE. SUITE 600 TALLAHASSEE, FL 32302		Mailing Address 2606 CENTENNIAL PLACE TALLAHASSEE, FL 32308			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2806672	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Applied For		Not Applicable			
01042008		Chg-NP		CR2E037 (12/06)	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FEARINGTON, JR., PAUL M 106 EAST COLLEGE AVE. SUITE 600 TALLAHASSEE, FL 32302			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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)					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCRAE, RANDY		NAME		
STREET ADDRESS	2350 FAIRLANE DR STE 100		STREET ADDRESS		
CITY-ST-ZIP	MONTGOMERY, AL 36116		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MULLIN, MIKE		NAME		
STREET ADDRESS	POST OFFICE BOX 26009		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 322266009		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HOOD, CHARLES H		NAME		
STREET ADDRESS	133 PEACHTREE STREET		STREET ADDRESS		
CITY-ST-ZIP	ATLANTA, GA 30303		CITY-ST-ZIP		
TITLE	CHR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SIMMONS, H D		NAME		
STREET ADDRESS	ONE BUCKEYE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	PERRY, FL 32347		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BELL, MIKE		NAME		
STREET ADDRESS	4474 SAVANNAH HIGHWAY		STREET ADDRESS		
CITY-ST-ZIP	JESUP, GA 31545		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>H. Dan Simmons</i> H. DAN SIMMONS			JAN 29, 2008		850-589-1275
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #