

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000195

FILED
Feb 18, 2009
Secretary of State

Entity Name: FLORIDA PULP AND PAPER ASSOCIATION - GOVERNMENTAL AFFAIRS, INC.

Current Principal Place of Business:

106 EAST COLLEGE AVE.
SUITE 600
TALLAHASSEE, FL 32302

New Principal Place of Business:

Current Mailing Address:

2606 CENTENNIAL PLACE
TALLAHASSEE, FL 32308

New Mailing Address:

FEI Number: 59-2806672

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FEARINGTON, JR., PAUL M
106 EAST COLLEGE AVE.
SUITE 600
TALLAHASSEE, FL 32302 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: D () Delete
Name: MCRAE, RANDY
Address: 2350 FAIRLANE DR STE 100
City-St-Zip: MONTGOMERY, AL 36116 US

Title: D () Delete
Name: MULLIN, MIKE
Address: POST OFFICE BOX 26009
City-St-Zip: JACKSONVILLE, FL 322266009 US

Title: D () Delete
Name: HOOD, CHARLES H
Address: 133 PEACHTREE STREET
City-St-Zip: ATLANTA, GA 30303 US

Title: CHR () Delete
Name: SIMMONS, H D
Address: ONE BUCKEYE DRIVE
City-St-Zip: PERRY, FL 32347 US

Title: D () Delete
Name: BELL, MIKE
Address: 4474 SAVANNAH HIGHWAY
City-St-Zip: JESUP, GA 31545 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MCRAE, RANDY
Address: 4770 WOODMERE BLVD
City-St-Zip: MONTGOMERY, AL 36016 US

Title: D (X) Change () Addition
Name: MULLIN, MIKE
Address: 9469-1 EASTPORT ROAD
City-St-Zip: JACKSONVILLE, FL 32218 US

Title: D (X) Change () Addition
Name: RICHARDSON, ALLEN
Address: 133 PEACHTREE STREET NE
City-St-Zip: ATLANTA, GA 30303 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BELL, MIKE
Address: 1901 ISLAND WALKWAY
City-St-Zip: FERNANDINA BEACH, FL 32034 US

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: H D SIMMONS

CHR

02/18/2009

Electronic Signature of Signing Officer or Director

Date