

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 MAR -5 AM 11:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N42977** (1)

1. Corporation Name

**ALLIANCE FOR INTERNATIONAL REFORESTATION, INC.**

Principal Place of Business	Mailing Address
C/O ANNE HALLUM STETSON UNIVERSITY, 421 N. WOODLAND BLVD. DELAND FL 32720	C/O ANNE HALLUM STETSON UNIVERSITY, 421 N. WOODLAND BLVD. DELAND FL 32720

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>04/12/1991</b>	3a. Date of Last Report <b>02/02/1994</b>
4. FBI Number <b>59-3062311</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 Zip Country	29 Zip Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
<b>PALMETTO CHARTER SERVICES, INC. 150 MAGNOLIA AVE. DAYTONA BEACH FL 32014</b>	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WUNDERLICH, CHRISTOPHER	1.2 NAME	
STREET ADDRESS	RAINBOW RM, 7TH AVENIDA SUR, #8	1.3 STREET ADDRESS	
CITY - ST - ZIP	ANTIQUA GU	1.4 CITY - ST - ZIP	
TITLE	CTS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALLUM, ANNE	2.2 NAME	
STREET ADDRESS	421 N WOODLAND BLVD	2.3 STREET ADDRESS	
CITY - ST - ZIP	DELAND FL	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCLEOD, TYREE	3.2 NAME	
STREET ADDRESS	516 N. CLARA AVE.	3.3 STREET ADDRESS	
CITY - ST - ZIP	DELAND FL	3.4 CITY - ST - ZIP	
TITLE	DV	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIRON, ANDRES	4.2 NAME	
STREET ADDRESS	5A AVENIDA, 18-48	4.3 STREET ADDRESS	
CITY - ST - ZIP	GUATEMALA CITY, GUATE	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOOD, RICHARD	5.2 NAME	
STREET ADDRESS	421 N. WOODLAND BLVD.	5.3 STREET ADDRESS	
CITY - ST - ZIP	DELAND FL	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCLEOD, JAMES	6.2 NAME	
STREET ADDRESS	516 N CLARA AVE	6.3 STREET ADDRESS	
CITY - ST - ZIP	DELAND FL	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changing or in an attachment with an address.

SIGNATURE: *Anne M. Hallum* **Anne M. Hallum** **2/28/95** **904-822-7575**  
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR