

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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

3. Date Incorporated or Qualified **04/12/1991** 3a. Date of Last Report **03/06/1995**
4. FEI Number **59-3062311** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes 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 25 29 30

9. Name and Address of Current Registered Agent
**PALMETTO CHARTER SERVICES, INC.
150 MAGNOLIA AVE.
DAYTONA BEACH FL 32014**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	WUNDERLICH, CHRISTOPHER	
STREET ADDRESS	RAINBOW RM, 7TH AVENIDA SUR, #8	
CITY-ST-ZIP	ANTIGUA-GU	
TITLE	CTS	<input type="checkbox"/> DELETE
NAME	HALLUM, ANNE	
STREET ADDRESS	421 N WOODLAND BLVD	
CITY-ST-ZIP	DELAND FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MCLEOD, TYREE	
STREET ADDRESS	516 N. CLARA AVE.	
CITY-ST-ZIP	DELAND FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	GIRON, ANDRES	
STREET ADDRESS	5A AVENIDA, 18-48	
CITY-ST-ZIP	GUATEMALA CITY, GUATE	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WOOD, RICHARD	
STREET ADDRESS	421 N. WOODLAND BLVD.	
CITY-ST-ZIP	DELAND FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MCLEOD, JAMES	
STREET ADDRESS	516 N CLARA AVE	
CITY-ST-ZIP	DELAND FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	Antigua, Guatemala
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Joseph Basek
3.3 STREET ADDRESS	2162 Glenwood Hammock Trl.
3.4 CITY-ST-ZIP	DeLand, Florida 32720
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 changed, or in an attachment with an address.

SIGNATURE: Anne M. Hallum **Anne M. Hallum** 1/18/96 904-822-7575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)