


FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 10 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N42977 (1)
 1. Corporation Name
ALLIANCE FOR INTERNATIONAL REFORESTATION, INC.



Principal Place of Business C/O ANNE HALLUM STETSON UNIVERSITY, 421 N. WOODLAND BLVD. DELAND FL 32720	Mailing Address C/O ANNE HALLUM STETSON UNIVERSITY, 421 N. WOODLAND BLVD. DELAND FL 32720
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3. Date incorporated or Qualified 04/12/1991	
4. FEI Number 59-3062311	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" 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	28. Zip
24. Country	29. Country
25. Country	30. Country

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
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	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	ANTIGUA GU	1.4 CITY-ST-ZIP	
TITLE	CTS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HALLUM, ANNE	2.2 NAME	
STREET ADDRESS	421 N WOODLAND BLVD	2.3 STREET ADDRESS	DeLand, FL 32720
CITY-ST-ZIP	DELAND FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAYNE, JOHN	3.2 NAME	
STREET ADDRESS	1109 EXPERIMENT STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	GRIFFIN GA	3.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	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 <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WOOD, RICHARD	5.2 NAME	Mary Beardall
STREET ADDRESS	421 N. WOODLAND BLVD.	5.3 STREET ADDRESS	2516 Shrewsbury Dr.
CITY-ST-ZIP	DELAND FL	5.4 CITY-ST-ZIP	Orlando, FL 32803
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LANKFORD, CANDACE	6.2 NAME	
STREET ADDRESS	LAKE WINNEMSETT DR	6.3 STREET ADDRESS	DeLand, FL 32724
CITY-ST-ZIP	DELAND FL	6.4 CITY-ST-ZIP	

14. 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 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 on an attachment with an address.

SIGNATURE: *Dr. Anne M. Hallum* 1/30/98 (904) 822-7575

CR2E037 (1097)