

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90318 003 ****61.25

DOCUMENT # N42977

1. Entity Name

ALLIANCE FOR INTERNATIONAL REFORESTATION, INC.

Principal Place of Business

Mailing Address

C/O ANNE HALLUM
 STETSON UNIV 421 N WOODLAND BLVD
 DELAND FL 32720

C/O ANNE HALLUM
 STETSON UNIV 421 N WOODLAND BLVD
 DELAND FL 32720

124898



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3062311

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PALMETTO CHARTER SERVICES, INC.
150 MAGNOLIA AVE.
DAYTONA BEACH FL 32014

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '10

TITLE	D	<input type="checkbox"/> Delete
NAME	WUNDERLICH, CHRISTOPHER	
STREET ADDRESS	2DA CALLE 2-36	
CITY-ST-ZIP	CHIMALTENANGO G	
TITLE	CTS	<input type="checkbox"/> Delete
NAME	HALLUM, ANNE	
STREET ADDRESS	421 N WOODLAND BLVD	
CITY-ST-ZIP	DELAND FL 32720	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAYNE, JOHN	
STREET ADDRESS	1109 EXPERIMENT STREET	
CITY-ST-ZIP	GRIFFIN GA	
TITLE	D	<input type="checkbox"/> Delete
NAME	WOOD, RICHARD DR	
STREET ADDRESS	421 N WOODLAND BLVD	
CITY-ST-ZIP	DELAND FL 32720	
TITLE	D	<input type="checkbox"/> Delete
NAME	BEARDALL, MARY	
STREET ADDRESS	2510 SHREWSBERRY FR.	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	D	<input type="checkbox"/> Delete
NAME	LANKFORD, CANDACE	
STREET ADDRESS	LAKE WINNEMISSETT DR	
CITY-ST-ZIP	DELAND FL 32724	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1073 Lakemont Court	
CITY-ST-ZIP	Winter Park, FL 32792	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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:

Anne M. Hallum
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1/31/2001
 Daytime Phone #: 904 822-7575

CR2E037 (10/00)