

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90094 013 ****61.25

0094390

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3062311**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



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 2-06	
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 checked="" 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	1073 LAKEMONT COURT	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	D	<input type="checkbox"/> Delete
NAME	LANKFORD, CANDACE	
STREET ADDRESS	LAKE WINNEMISSETT DR	
CITY-ST-ZIP	DELAND FL 32724	

TITLE	DI	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5^a Calle "A" 1-71 Zonal	
CITY-ST-ZIP	Guatemala	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lorne Jean Hagstrom	
STREET ADDRESS	921 S. Hill St.	
CITY-ST-ZIP	Deland, Florida 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		

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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/2002 386-822-7575
 Date Daytime Phone #

CR2E037 (9/01)