

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42977

FILED  
Mar 21, 2005  
Secretary of State

Entity Name: ALLIANCE FOR INTERNATIONAL REFORESTATION, INC.

**Current Principal Place of Business:**

C/O ANNE HALLUM  
STETSON UNIV 421 N WOODLAND BLVD  
DELAND, FL 32723

**New Principal Place of Business:**

**Current Mailing Address:**

C/O ANNE HALLUM  
STETSON UNIV 421 N WOODLAND BLVD  
DELAND, FL 32723

**New Mailing Address:**

FEI Number: 59-3062311      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: WUNDERLICH, CHRISTOPHER  
Address: GRAN VIA DO LES CORTS, #470  
City-St-Zip: BARCELONA, ESPANA, 08015

Title: CTS ( ) Delete  
Name: HALLUM, ANNE,  
Address: 421 N WOODLAND BLVD  
City-St-Zip: DELAND, FL 32720

Title: D ( ) Delete  
Name: HAGSTROM, LORNE J  
Address: 921 S HILL AVE  
City-St-Zip: DELAND, FL 32724

Title: D ( ) Delete  
Name: MCCOY, DR. KEN  
Address: 421 N WOODLAND BLVD  
City-St-Zip: DELAND, FL 32720

Title: D ( ) Delete  
Name: ALVIS, JOEL  
Address: 2473 FONTAINBLEAU DR  
City-St-Zip: ATLANTA, GA 30360

Title: D ( ) Delete  
Name: LANKFORD, CANDACE  
Address: LAKE WINNEMISSETT DR  
City-St-Zip: DELAND, FL 32724

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: HAGSTROM, LORNA J  
Address: 921 S HILL AVE  
City-St-Zip: DELAND, FL 32724

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANNE M. HALLUM

CTS

03/21/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date