

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42977

FILED
Apr 12, 2007
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 M DR.
Address: 421 N WOODLAND BLVD
City-St-Zip: DELAND, FL 32720

Title: D () Delete
Name: HAGSTROM, LORNA 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:

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Name:
Address:
City-St-Zip:

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Address:
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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 Chapter 119, 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

04/12/2007

Electronic Signature of Signing Officer or Director

_____ Date