## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # N42977**

1. Entity Name



04-10-2003 90062 036 \*\*\*\*61.25

**FILED** 

Apr 10, 2003 8:00 am Secretary of State

| ALLIANCE | FOR | INTERNATIONAL | REFORESTATION, | INC. |
|----------|-----|---------------|----------------|------|
|          |     |               |                |      |

|  |                |  | SEO WE INST |  |  |
|--|----------------|--|-------------|--|--|
| Principal Place of Business  |                | Mailing Address  |             |  |  |
| C/O ANNE HALLUM<br>STETSON UNIV 421 N WOODLAND BLVD<br>DELAND FL 32720 |                | C/O ANNE HALLUM<br>STETSON UNIV 421 N WOODLAND BLVD<br>DELAND FL 32720 |             |  |  |
| 2. Principal Place of Business   |                | 3. Mailing Address   |             |  |  |
| Suite, Apt. #, etc.  |                | Suite, Apt. #, etc.  |             |  |  |
| City & State   |                | City & State   |             |  |  |
| 32723  | Country<br>USA | 32723  | Country     |  |  |
| 6. Name and Address of Current Registered Agent                        |                |  |             |  |  |

CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3062311
S. Certificate of Status Desired See Required

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

| 7. Name and Address of New Registered Agent |   |    |              |   |
|---|---|----|--------------|---|
| Name  | ****                                    |    |              | _ |
| Street Addr                                 | ess (P.O. Box Number is Not Acceptable) |    | <del>-</del> |   |
|   |   |    |              |   |
| City  | V                                       | 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. I am familiar with, and accept the obligations of registered agent.

9. Election Campaign Financing

| SIGNATURE |                  |
|-----------|------------------|
|           | Signature, typed |
|           |                  |

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

FILE NOW: FEE IS \$61.25

(NOTE: Registered Agent signature required when reinstating)

\$5.00 May Be

Make Check Payable to Florida Department of State

DATE

| ُ <u> </u>     |                         | Trust Fund Cor | itribution.            | ☐ Added to Fees  | Florida Depar                     | tment of S  | State      |
|----------------|-------------------------|----------------|------------------------|--|-----------------------------------|-------------|------------|
| ,              | OFFICERS AND DIDECTORS  |                | 11,                    | ADDITIONS (CHAI  | NOTES TO OFFICERS AND DI          | IDECTORS IN | 10         |
| 10.            | OFFICERS AND DIRECTORS  |                |                        | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  |                                   |             |            |
| TITLE          | D. CHDISTOPHED          | ☐ Delete       | TITLE                  |  |                                   | Change      | ☐ Addition |
| NAME           | WUNDERLICH, CHRISTOPHER |                | NAME<br>STREET ADDRESS |  |                                   |             | İ          |
| STREET ADDRESS | 5+A CALLE "A" 1-71      |                | CITY-ST-ZIP            |  |                                   |             |            |
| CITY-ST-ZIP    | ZONAL GM                |                | VIII-91-71F            | ,  |                                   |             |            |
| TITLE          | CTS                     | Delete         | TITLE                  | İ  |                                   | Change      | Addition   |
| NAME           | HALLUM, ANNE            |                | NAME                   |  |                                   |             |            |
| STREET ADDRESS | 421 N WOODLAND BLVD     |                | STREET ADDRESS         |  |                                   |             |            |
| CITY-ST-ZIP`   | DELAND FL 32720         |                | CITY-ST-ZIP            | !  |                                   |             |            |
| TITLE          | D                       | ☐ Delete       | ILITE                  | and the second s | المادات والمعيد موجع بالمنجوب     | ☐ Change    | Addition   |
| NAME           | HAGSTROM, LORNE J       |                | NAME                   |  |                                   |             | Ì          |
| STREET ADDRESS | 921 S HILL AVE          |                | STREET ADDRESS         |  |                                   |             |            |
| CITY-ST-ZIP    | DELAND FL 32724         |                | CITY-ST-ZIP            | :  |                                   |             |            |
| TITLE          | D                       | ☐ Delete       | TITLE                  |  |                                   | ☐ Change    | ☐ Addition |
| NAME           | WOOD, RICHARD DR        |                | <u>N</u> AME           | ì  |                                   |             | 1          |
| STREET ADDRESS | 421 N WOODLAND BLVD     |                | STREET ADDRESS         | 1  |                                   |             | ļ          |
| CITY-ST-ZIP    | DELAND FL 32720         |                | CITY-ST-ZIP            |  |                                   |             |            |
| TITLE          | D                       | Delete         | TITLE                  | D  |                                   | Change      | ☐ Addition |
| NAME           | BEARDALL, MARY          |                | NAME                   | ALVIS, JOE   | <u>.</u>                          |             |            |
| STREET ADDRESS | 1073 LAKEMONT COURT     |                | STREET ADDRESS         | 2473 Forto   | whow Drive                        |             | }          |
| CITY-ST-ZIP    | WINTER PARK FL 32792    |                | CITY-ST-ZIP            | DHV Macy N.  | L<br>Inbleau Drive<br>Georgia 303 | 60          |            |
| TITLE          | D                       | ☐ Delete       | TITLE                  |  | <del>3 co. 9.04</del>             | ☐ Change    | Addition   |
| NAME           | LANKFORD, CANDACE       |                | NAME                   | 1  |                                   |             |            |
| STREET ADDRESS | LAKE WINNEMISETT DR     |                | STREET ADDRESS         | :  | `                                 |             |            |
|                |                         |                | 0.774 07 710           | · ·  |                                   |             |            |

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 chapted or on an attachment with address, with all other like empowered.

SIGNATURE:

HIMAZURE # JUREO

4/2/2003 386-822-75/25

CR2E037 (10/02)