

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N42977

**FILED**  
**Feb 15, 2021**  
**Secretary of State**  
**6056939444CC**

**Entity Name:** ALLIANCE FOR INTERNATIONAL REFORESTATION, INC.

**Current Principal Place of Business:**

C/O ANNE HALLUM  
10821 BIG CANOE  
JASPER, GA 30143

**Current Mailing Address:**

ALLIANCE FOR INTERNATIONAL REFORESTATION  
4514 CHAMBLEE DUNWOODY RD., # 496  
ATLANTA, GA 30338

**FEI Number:** 59-3062311

**Certificate of Status Desired:** Yes

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

MCINTOSH, ROBERT KENNETH  
17 STONE GATE SOUTH  
LONGWOOD, FL 32779 US

*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:** ROBERT KENNETH MCINTOSH

02/15/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	D
Name	GRAY, GLENDA
Address	408 MANOR RIDGE VIEW
City-State-Zip:	ALPHARETTA GA 30004
Title	DIRECTOR
Name	STUBBS, CHRISTOPHER B.
Address	4029 WEST 1ST STREET
City-State-Zip:	SANFORD FL 32771
Title	DIRECTOR
Name	WOODSIDES, LES E.
Address	1255 SPALDING DR.
City-State-Zip:	ATLANTA GA 30350-4202
Title	DIRECTOR
Name	KOSMAS, SUZANNE
Address	257 MINORCA BEACH WAY APT. # 1301
City-State-Zip:	NEW SMYRNA BEACH FL 32169

Title	CTS
Name	HALLUM, ANNE M.
Address	C/O ANNE HALLUM 10821 BIG CANOE
City-State-Zip:	JASPER GA 30143
Title	DIRECTOR
Name	BOGGS, MARK
Address	MARK BOGGS 3171 HEMLOCK FOREST CIRCLE # 203
City-State-Zip:	RALEIGH NC 27612
Title	DIRECTOR
Name	ROGER MONTES
Address	225 PENNSYLVANIA AVE.
City-State-Zip:	WOODLAND PARK CO 80863
Title	DIRECTOR
Name	LUPSHA, MICHAEL
Address	2550 AKERS MILL RD., SE APT. # P-210
City-State-Zip:	ATLANTA GA 30339

**Continues on page 2**

*I hereby 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 all other like empowered.*

**SIGNATURE:** ANNE M. HALLUM

**PRESIDENT**

02/15/2021

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           RAMIREZ, CECILIA ISABEL  
Address        5TA CALLE "A"  
                  1-71 ZONA 1; QUINTAS LOS APOSENTOS II  
City-State-Zip: CHIMALTENANGO GUATEMALA CA