

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N42977

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

**FILED**  
**Feb 08, 2020**  
**Secretary of State**  
**7276644057CC**

**Current Principal Place of Business:**

C/O ANNE HALLUM  
2455 BASIN COURT  
GAINESVILLE, GA 30506

**Current Mailing Address:**

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

**FEI Number: 59-3062311**

**Certificate of Status Desired: No**

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

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

\_\_\_\_\_  
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 CTS  
Name HALLUM, ANNE M.  
Address C/O ANNE HALLUM  
2455 BASIN COURT  
City-State-Zip: GAINESVILLE GA 30506

Title D  
Name MCINTOSH, ROBERT  
Address 17 STONE GATE SOUTH  
City-State-Zip: LONGWOOD FL 32779

Title DIRECTOR  
Name STUBBS, CHRISTOPHER B.  
Address 4029 WEST 1ST STREET  
City-State-Zip: SANFORD FL 32771

Title DIRECTOR  
Name BOGGS, MARK  
Address MARK BOGGS  
3171 HEMLOCK FOREST CIRCLE #  
203  
City-State-Zip: RALEIGH NC 27612

Title DIRECTOR  
Name WOODSIDES, LES E.  
Address 1255 SPALDING DR.  
City-State-Zip: ATLANTA GA 30350-4202

Title DIRECTOR  
Name ROGER MONTES  
Address 225 PENNSYLVANIA AVE.  
City-State-Zip: WOODLAND PARK CO 80863

Title DIRECTOR  
Name KOSMAS, SUZANNE  
Address 257 MINORCA BEACH WAY  
APT. # 1301  
City-State-Zip: NEW SMYRNA BEACH FL 32169

**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 AND CHAIR      02/08/2020**  
**OF THE BOARD OF**  
**DIRECTORS**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           LUPSHA, MICHAEL  
Address        2550 AKERS MILL RD., SE  
                  APT. # P-210  
City-State-Zip: ATLANTA GA 30339

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