

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N42977

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

**FILED**  
**Feb 09, 2018**  
**Secretary of State**  
**CC0052321105**

**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:** Yes

**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 5819 LONG PARK RD.  
City-State-Zip: CUMMING GA 30040

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

Title D  
Name HAGSTROM, LORNA J  
Address 921 S HILL AVE  
City-State-Zip: DELAND FL 32724

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

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

Title D  
Name LANKFORD, CANDACE  
Address LAKE WINNEMISSETT DR  
City-State-Zip: DELAND FL 32724

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

Title DIRECTOR  
Name HALLUM-MONTES, RACHEL M.  
Address RACHEL HALLUM-MONTES  
2500 CARLMONT DRIVE APT. #22  
City-State-Zip: BELMONT CA 94002

**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 HALLUM

**PRESIDENT**

**02/09/2018**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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