

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000005051

FILED
Feb 23, 2009
Secretary of State

Entity Name: NEW ENGLAND FORESTRY FOUNDATION, INC.

Current Principal Place of Business:

32 FOSTER STREET
LITTLETON, MA 01460

New Principal Place of Business:

Current Mailing Address:

32 FOSTER STREET
LITTLETON, MA 01460

New Mailing Address:

FEI Number: 04-2024022

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: MR () Delete
Name: INGRAHAM, TIMOTHY A PRES.
Address: 42 THISSELL ST.
City-St-Zip: PRIDES CROSSING, MA 01965

Title: MR () Delete
Name: DENORMANDIE, PHILIP Y VP
Address: 12 MARSHALL STREET
City-St-Zip: BOSTON, MA 02108

Title: MR () Delete
Name: PERKINS, RICHARD F TREAS
Address: 333 RED ACRE ROAD
City-St-Zip: STOW, MA 01775

Title: MRS () Delete
Name: BRACE MARTINEZ, LINDSEY DIRECT
Address: 82 HIGHLAND STREET
City-St-Zip: DEDHAM, MA 02026

Title: MRS () Delete
Name: LUDINGTON, MERLOYD CLERK
Address: 102 CHESTNUT STREET
City-St-Zip: BOSTON, MA 02108

Title: MR () Delete
Name: DUKE, WINSLOW DIRECTO
Address: 84 JEWETT STREET
City-St-Zip: PEPPERELL, MA 01463

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MRS (X) Change () Addition
Name: LYNN, LYFORD CEO
Address: 12 BROOKS STREET
City-St-Zip: WINCHESTER, MA 01890

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: LYNN LYFORD

CEO

02/23/2009

Electronic Signature of Signing Officer or Director

Date