

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00CORPORATION
ANNUAL REPORT
1995FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS**FILED**

95 FEB 17 PM 3:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**DOCUMENT # F93000002027 (1)**

1. Corporation Name

RAINFOREST ALLIANCE, INCORPORATED

Principal Place of Business

65 BLEECKER STREET
NEW YORK NY 10012

Mailing Address

65 BLEECKER STREET
NEW YORK NY 10012

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/26/1993

3a. Date of Last Report

09/12/1994

4. FEI Number

13-3377893

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status☒\$68.75 Supplemental
Fee Not Required8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes☐

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOULDING, MICHAEL
2239 NW 43RD AVENUE
GAINESVILLE FL 32605

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPC
ABBOUD, LABEED ESO
19 W. 69TH ST.
NEW YORK NY 100231.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPP
KATZ, DANIEL R
319 GARFIELD PLACE
BROOKLYN NY 112092.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPV
KREIDER, KARIN
417 BLOOMFIELD STREET
HOBOKEN NJ 070303.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPS
SKINNER, ELIZABETH
164 WAYERLY PLACE, #6H
NEW YORK NY 100144.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPS
Maya Kennedy
47 Grove Street, #2
New York, NY 10014☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPD
SCHARLIN, PATRICIA J MS.
10 WEST DRIVE
SAG HARBOR NY 11963-10055.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPD
SULZBERGER, JUDITH DR
146 CENTRAL PARK WEST
NEW YORK NY 100236.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daniel R. Katz, Executive Dir. 2/7/95 (212) 677-1900



Rainforest Alliance

February 7, 1995

Kenny Manning
Corporate Specialist, Division of Corporations
Florida Dept. of State
P.O. Box 6327
Tallahassee, FL 32314

RE: SUBMITTAL OF RAINFOREST ALLIANCE'S ANNUAL REPORT
ASSIGNED DOCUMENT NUMBER: F93000002027

Dear Ms. Manning:

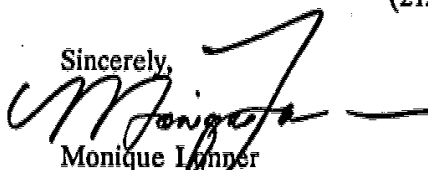
This provides you with a completed corporate Annual Report for the Rainforest Alliance and a check for the non-profit fee of \$61.25.

If you have any questions or would like further information, please contact me at:

Rainforest Alliance
65 Bleecker Street
6th Floor
New York, NY 10012

(212) 677-1900

Sincerely,



Monique Lerner
Development Associate

enc.