

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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

3. Date Incorporated or Qualified
04/26/1993

3a. Date of Last Report
02/17/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

13-3377893

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes ☐ No ☒

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
Goulding, Michael

82 Street Address (P.O. Box Number is Not Acceptable)
6605 N.W. 57th Way

83 Gainesville

84 City

FL 85 Zip Code
32606

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE C
NAME ABOUD, LABEED ESO
STREET ADDRESS 19 W. 69TH ST.
CITY-ST-ZIP NEW YORK NY 10023 ☒ DELETE

1.1 TITLE C
1.2 NAME Mrs. William (Ann) Ziff
1.3 STREET ADDRESS 153 East 53rd Street, 43rd Floor
1.4 CITY-ST-ZIP New York, New York 10022 ☒ Change ☐ Addition

TITLE P, D
NAME KATZ, DANIEL R
STREET ADDRESS 319 GARFIELD PLACE
CITY-ST-ZIP BROOKLYN NY 11209 ☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE V
NAME KREIDER, KARIN
STREET ADDRESS 417 BLOOMFIELD STREET
CITY-ST-ZIP HOBOKEN NJ 07030 ☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S
NAME KENNEDY, MAYA
STREET ADDRESS 47 GROVE STREET, #2
CITY-ST-ZIP NEW YORK NY ☒ DELETE

4.1 TITLE S
4.2 NAME Margie M. Ambrosino
4.3 STREET ADDRESS 401 76th Street, APT 4D
4.4 CITY-ST-ZIP Brooklyn, New York 11209 ☒ Change ☐ Addition

TITLE D
NAME SCHARLIN, PATRICIA J MS.
STREET ADDRESS 10 WEST DRIVE
CITY-ST-ZIP SAG HARBOR NY 11963-1005 ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS 500001807495
5.4 CITY-ST-ZIP -05/04/96--01002--018
***61.25 ☐ Change ☐ Addition

TITLE D
NAME SULZBERGER, JUDITH DR
STREET ADDRESS 146 CENTRAL PARK WEST
CITY-ST-ZIP NEW YORK NY 10023 ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Daniel R. Katz, Executive Director (212) 677-1900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)