


FILE NOW: FILING FEE IS \$61.25

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Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F93000002027 (1)**

1. Corporation Name

RAINFOREST ALLIANCE, INCORPORATED

Principal Place of Business

Mailing Address

**65 BLEECKER STREET
NEW YORK NY 10012**

**65 BLEECKER STREET
NEW YORK NY 10012**



3. Date Incorporated or Qualified

04/26/1993

4. FEI Number

13-3377893

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GOULDING, MICHAEL
6605 NW 57TH WAY
GAINESVILLE FL 32608**

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 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** ☐ DELETE
NAME **ZIFF, WILLIAM M**
STREET ADDRESS **153 EAST 53RD ST. 43RD FL**
CITY-ST-ZIP **NEW YORK NY**

1.1 TITLE **C** ☒ Change ☐ Addition
1.2 NAME **ZIFF, ANN**
1.3 STREET ADDRESS **153 EAST 53RD ST., 43RD FLOOR**
1.4 CITY-ST-ZIP **NEW YORK, NY 10022**

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

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **262 CENTRAL PARK WEST #11C**
2.3 STREET ADDRESS **NEW YORK, NY 10024**
2.4 CITY-ST-ZIP

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

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

TITLE **S** ☐ DELETE
NAME **AMBROSINO, MARGIE**
STREET ADDRESS **401 76TH ST APT 4D**
CITY-ST-ZIP **BROOKLYN NY 11209**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME **50 SUTTON PL. SOUTH, APT. 14C**
5.3 STREET ADDRESS **NEW YORK, NY 10022**
5.4 CITY-ST-ZIP

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

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

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

DANIEL R. KATZ 2/11/98

212 677 1900

CR2E037 (10/97)