

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 1:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000000204 (7)

1. Corporation Name

THE AMERICAN FORESTRY ASSOCIATION, INCORPORATED

Principal Place of Business

Mailing Address

POST OFFICE BOX 2000
WASHINGTON DC 20013

POST OFFICE BOX 2000
WASHINGTON DC 20013

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

01/14/1994

4. FEI Number

Applied For

53-0196544

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒ \$68.75 Supplemental
Fee Not Required

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

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 1516 P ST NW
Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 WASHINGTON, DC

28 City & State

24 Zip

25 Country

29 Zip

30 Country

24 20005

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MASTERTON, NANCY S
33 SW 2ND AVE.
SUITE 1105
MIAMI FL 33130

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 NANCY S MASTERTON

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

(NOTE: Registered Agent signature required when registering)

DATE

4/24/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DCP
NAME WILLEKE, DONALD C
STREET ADDRESS 201 RIDGEWOOD AVE.
CITY - ST - ZIP MINNEAPOLIS MN 55403

11 TITLE DCP
12 NAME TICKNOR, W. D.
13 STREET ADDRESS 5395 LONDON GROVEPORT RD.
14 CITY - ST - ZIP ORIENT, OH 94146

☒ Change ☐ Addition

TITLE DC
NAME KING TUBEX, LAWRENCE H
STREET ADDRESS 75 BIDWELL ST.
CITY - ST - ZIP ST. PAUL MN 55107

21 TITLE DV
22 NAME KING, LAWRENCE H.
23 STREET ADDRESS 75 BIDWELL ST.
24 CITY - ST - ZIP ST. PAUL, MN 55107

☒ Change ☐ Addition

TITLE D
NAME TINS, DOUG
STREET ADDRESS 273 SOUTH COTTON LANE
CITY - ST - ZIP BOISE ID 83712

31 TITLE DV
32 NAME HOLDER, BARBARA
33 STREET ADDRESS 1312 FAIRLANE RD.
34 CITY - ST - ZIP YREKA, CA 96097

☐ Change ☒ Addition

TITLE D
NAME TARVER, CHARLES
STREET ADDRESS 5 PIEDMONT CENTER, SUITE 310
CITY - ST - ZIP ATLANTA GA 30305

41 TITLE DT
42 NAME RAPER, CHARLES F.
43 STREET ADDRESS 202 M. WHITE SMITH HALL
44 CITY - ST - ZIP AUBURN UNIVERSITY, AL 36849

☐ Change ☒ Addition

TITLE VP
NAME TICKNOR, W D
STREET ADDRESS 5395 LONDON GROVEPORT RD.
CITY - ST - ZIP ORIENT OH 43148

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE S
NAME ROONEY, BILL
STREET ADDRESS 1518 P STREET, NW
CITY - ST - ZIP WASHINGTON DC 20005

61 TITLE
62 NAME
63 STREET ADDRESS
64 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 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: Bill Rooney Bill Rooney

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

(Type or Print Name)

4/24/95

(202) 467-3300