

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 # F94000000204 (7)

1. Corporation Name

THE AMERICAN FORESTRY ASSOCIATION, INCORPORATED



Principal Place of Business

Mailing Address

1516 P. ST NW
WASHINGTON DC 20005
US

POST OFFICE BOX 2000
WASHINGTON DC 20013

3. Date Incorporated or Qualified
01/14/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 1516 P ST NW

26

4. FEI Number
53-0196544

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

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

WASHINGTON, DC

24 Zip 20005

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MASTERSON, 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 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

NANCY S. MASTERSON

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-26-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DCP ☐ DELETE
NAME TICKNOR, W.D.
STREET ADDRESS 5395 LONDON GROVEPORT RD
CITY-ST-ZIP ORIENT OH

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DV ☐ DELETE
NAME KING, LAWRENCE H
STREET ADDRESS 75 BIDWELL ST
CITY-ST-ZIP ST. PAUL MN

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

TITLE DV ☐ DELETE
NAME HOLDER, BARBARA
STREET ADDRESS 1312 FAIRLANE RD
CITY-ST-ZIP EUREKA CA

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

TITLE DT ☐ DELETE
NAME RAPER, CHARLES F
STREET ADDRESS 202 M. WHITE SMITH HALL
CITY-ST-ZIP AUBURN UNIV AL

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

TITLE VP ☒ DELETE
NAME TICKNOR, W D
STREET ADDRESS 5395 LONDON GROVEPORT RD.
CITY-ST-ZIP ORIENT OH 43146

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE S ☒ DELETE
NAME ROONEY, BILL
STREET ADDRESS 1516 P STREET, NW
CITY-ST-ZIP WASHINGTON DC 20005

6.1 TITLE ☐ Change ☐ Addition
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:

W.D. TICKNOR

1-26-96 (202) 667-3300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)