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Feb 17 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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 20013-2000

3. Date Incorporated or Qualified  
**01/14/1994**

3a. Date of Last Report  
**02/21/1996**

2. Principal Place of Business

2a. Mailing Address

21 **1516 P Street, N.W.**

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 **Washington, DC**

28

Zip

Country

Zip

Country

24 **20005**

25

29

30

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 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. Masterton**

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-31-97**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DCP	<input checked="" type="checkbox"/> DELETE
NAME	TICKNOR, W.D	
STREET ADDRESS	5395 LONDON GROVEPORT RD	
CITY-ST-ZIP	ORIENT OH	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	KING, LAWRENCE H	
STREET ADDRESS	75 BIDWELL ST	
CITY-ST-ZIP	ST. PAUL MN	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	HOLDER, BARBARA	
STREET ADDRESS	1312 FAIRLANE RD	
CITY-ST-ZIP	EUREKA CA	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	RAPER, CHARLES F	
STREET ADDRESS	202 M. WHITE SMITH HALL	
CITY-ST-ZIP	AUBURN UNIV AL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<b>CHAIRMAN OF THE BOARD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>JONATHAN SILVER</b>	
1.3 STREET ADDRESS	<b>1516 P ST, NW</b>	
1.4 CITY-ST-ZIP	<b>WASHINGTON, DC 20013</b>	
2.1 TITLE	<b>Vice Chairman of the Bd.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Richard J. Henkel</b>	
2.3 STREET ADDRESS	<b>1516 P St. NW</b>	
2.4 CITY-ST-ZIP	<b>Washington, DC 20005</b>	
3.1 TITLE	<b>Vice Chairman of the Board</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Robert W. Miller</b>	
3.3 STREET ADDRESS	<b>1516 P street</b>	
3.4 CITY-ST-ZIP	<b>Washington, DC 20005</b>	
4.1 TITLE	<b>Treasurer</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Richard Porterfield</b>	
4.3 STREET ADDRESS	<b>1516 P St. NW</b>	
4.4 CITY-ST-ZIP	<b>Washington, DC 20005</b>	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0075302

CR2E037 (9/96)