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Mar 03 1998 8:00am

Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</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

3. Date Incorporated or Qualified	01/14/1994
4. FEI Number	53-0196544
Applied For	Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 910 17th St. NW Suite, Apt. #, etc. 22 # 600 City & State 23 Washington, DC Zip 24 20006	26 27 Suite, Apt. #, etc. 28 City & State 29 Zip 30 Country

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
MASTERTSON, NANCY S 33 SW 2ND AVE. SUITE 1105 MIAMI FL 33130

10. Name and Address of New Registered Agent
81 Name 82 Street Address (P.O. Box Number Is Not Acceptable) 83 84 City 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	1.1 TITLE	Richard Porterfield
NAME	PORTERFIELD, RICHARD	1.2 NAME	910 17th St. NW # 600
STREET ADDRESS	1516 P ST NW	1.3 STREET ADDRESS	Washington, DC 20006
CITY-ST-ZIP	WASHINGTON DC 20005	1.4 CITY-ST-ZIP	Treasurer
TITLE	C	2.1 TITLE	Jonathan Silver
NAME	SILVER, JONATHAN	2.2 NAME	910 17th St. NW # 600
STREET ADDRESS	1516 P ST., NW	2.3 STREET ADDRESS	Washington, DC 20006
CITY-ST-ZIP	WASHINGTON DC 20013	2.4 CITY-ST-ZIP	(President)
TITLE	C	3.1 TITLE	Doug Cowan, Chairman
NAME	HENKEL, RICHARD J	3.2 NAME	910 17th St. NW # 600
STREET ADDRESS	1516 P ST. NW.	3.3 STREET ADDRESS	WASH. DC, 20006
CITY-ST-ZIP	WASHINGTON DC 20005	3.4 CITY-ST-ZIP	
TITLE	C	4.1 TITLE	Doug Hall, Chairman
NAME	MILLER, ROBERT W	4.2 NAME	910 17th St. NW # 600
STREET ADDRESS	1516 P STREET	4.3 STREET ADDRESS	Washington, DC 20006
CITY-ST-ZIP	WASHINGTON DC 20005	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	James Hubbard, Chairman
NAME		5.2 NAME	910 17th St. NW. # 600
STREET ADDRESS		5.3 STREET ADDRESS	Washington, DC 20006
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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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: \_\_\_\_\_ 1-29-98

CR2E037 (10/97)