

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 09, 1999 8:00 am
Secretary of State

04-09-1999 90042 024 ****61.25

DOCUMENT # N16018

1. Corporation Name

FLORIDA FORESTRY FOUNDATION, INC.

Principal Place of Business
402 E. JEFFERSON STREET
TALLAHASSEE FL 32301
US

Mailing Address
P O BOX 10078 N/A
TALLAHASSEE FL 32302
IIS



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/24/1986																																																																																																																																																																															
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 59-2751504																																																																																																																																																																															
22. City & State		27. City & State		Applied For Not Applicable																																																																																																																																																																															
23. Zip		28. Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																																																																															
Country		Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																																																																															
24. Country		29. Country		30. Country																																																																																																																																																																															
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent																																																																																																																																																																																
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			82. Street Address (P.O. Box Number is Not Acceptable)																																																																																																																																																																																
			83.																																																																																																																																																																																
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			85. Zip Code																																																																																																																																																																																
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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																																																																																																																																																																																			
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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, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED

4/7/99 (850) 222-5646

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CR2E037 (11/98)