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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # **P09103 (3)**

1. Corporation Name
AMERICAN NATURAL HYGIENE SOCIETY, INC.

Principal Place of Business Mailing Address
11816 RACE TRACK RD. TAMPA FL 33626

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/17/1986	3a. Date of Last Report 06/24/1994
4. FEI Number 36-2692857	Applied For Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent
**SCHULTZ, GREGORY G.
909 SR 584 WEST
BUILDING B
OLDSMAR FL**

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
FL B5 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

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HUBERMAN, MARK 204 STAMBAUGH BLDG. YOUNGSTOWN OH
TITLE NAME STREET ADDRESS CITY - ST - ZIP	M LENNON, JAMES, M 11816 RACE TRACK RD TAMPA FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FUHRMAN, M.D. J 22 BUCHANAN WAY FLEMINGTON NJ
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T BROSIOUS, DOROTHY 18209 GULF BLVD. ST. PETERSBURG FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GRIDLAND, M.D. RONALD G. 6010 COMMECE BOULEVARD, #152 ROHNERT PARK CA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DEUTSCH, GERALD 48 LITTLEWORTH LANE SEACLIFF NY

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1 2 NAME	
1 3 STREET ADDRESS	
1 4 CITY - ST - ZIP	
2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2 2 NAME	
2 3 STREET ADDRESS	
2 4 CITY - ST - ZIP	
3 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3 2 NAME	D
3 3 STREET ADDRESS	PAMELA GERRY
3 4 CITY - ST - ZIP	Rt Box 390 Springvale ME 04083
4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4 2 NAME	
4 3 STREET ADDRESS	
4 4 CITY - ST - ZIP	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James Michael Lennon AWHS Executive Director - 813 855-6607
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (System Name #)