

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P09103 (3)

1. Corporation Name  
**AMERICAN NATURAL HYGIENE SOCIETY, INC.**



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

3. Date Incorporated or Qualified: 02/17/1986  
3a. Date of Last Report: 03/27/1995

21. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
	P.O. Box 30630	36-2692857	Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
		<input type="checkbox"/>	
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
	Tampa FL	<input type="checkbox"/>	
24. Zip	25. Country	29. Zip	30. Country
		33630	Hillsborough

9. Name and Address of Current Registered Agent

SCHULTZ, GREGORY G.  
~~888 SR 584 WEST~~  
~~BUILDING B~~  
~~OLDSMAR FL~~

*NEW ADDRESS:*

3005 STATERD. 590  
SUITE 102  
CLEARWATER FL 34619

10. Name and Address of New Registered Agent

81. Name: SAME  
82. Street Address (P.O. Box Number is Not Acceptable): 3005 STATE Rd. 590  
83. SUITE 102  
84. City: CLEARWATER FL 85. Zip Code: 34619

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P HUBERMAN, MARK <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUBERMAN, MARK	1.2 NAME	
STREET ADDRESS	204 STAMBAUGH BLDG.	1.3 STREET ADDRESS	
CITY-ST-ZIP	YOUNGSTOWN OH	1.4 CITY-ST-ZIP	
TITLE	M LENNON, JAMES, M <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LENNON, JAMES, M	2.2 NAME	
STREET ADDRESS	11816 RACE TRACK RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	
TITLE	D GERRY, PAMELA <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERRY, PAMELA	3.2 NAME	
STREET ADDRESS	RT 1 BOX 390	3.3 STREET ADDRESS	
CITY-ST-ZIP	SPRINGVALE ME	3.4 CITY-ST-ZIP	
TITLE	T BROSIOUS, DOROTHY <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROSIOUS, DOROTHY	4.2 NAME	
STREET ADDRESS	18209 GULF BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	4.4 CITY-ST-ZIP	
TITLE	D GRIDLAND, M.D. RONALD G. <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIDLAND, M.D. RONALD G.	5.2 NAME	GRIDLAND
STREET ADDRESS	6010 COMMECE BOULEVARD, #152	5.3 STREET ADDRESS	
CITY-ST-ZIP	ROHNERT PARK CA	5.4 CITY-ST-ZIP	
TITLE	D DEUTSCH, GERALD <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEUTSCH, GERALD	6.2 NAME	
STREET ADDRESS	48 LITTLEWORTH LANE	6.3 STREET ADDRESS	90-15 QUEENS BLVD.
CITY-ST-ZIP	SEACLIFF NY	6.4 CITY-ST-ZIP	ELMHURST, NY 11373

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:

*James Michael Lennon*

3/26/96

813 955-6607

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #

CR2E037 (12/95)