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Jan 23 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P09103 (3)

1. Corporation Name

AMERICAN NATURAL HYGIENE SOCIETY, INC.



Principal Place of Business

Mailing Address

11816 RACE TRACK RD.  
TAMPA FL 33626

PO BOX 30630  
TAMPA FL 33630-3630  
US

3. Date Incorporated or Qualified  
02/17/1986

3a. Date of Last Report  
03/29/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number  
36-2692857

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHULTZ, GREGORY G.  
~~3005 STATE RD 590~~  
~~SUITE 102~~  
CLEARWATER FL 34619

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)  
132 10th Ave. N.

83 Suite 102

84 City

Safety Harbor

FL

85 Zip Code

34695

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	<input type="checkbox"/> DELETE
NAME	HUBERMAN, MARK	
STREET ADDRESS	204 STAMBAUGH BLDG.	
CITY - ST - ZIP	YOUNGSTOWN OH	
TITLE	M	<input type="checkbox"/> DELETE
NAME	LENNON, JAMES, M	
STREET ADDRESS	11816 RACE TRACK RD	
CITY - ST - ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GERRY, PAMELA	
STREET ADDRESS	RT 1 BOX 390	
CITY - ST - ZIP	SPRINGVALE ME	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BROSIOUS, DOROTHY	
STREET ADDRESS	18209 GULF BLVD.	
CITY - ST - ZIP	ST. PETERSBURG FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CRIDLAND, M.D. RONALD G	
STREET ADDRESS	6010 COMMECE BOULEVARD, #152	
CITY - ST - ZIP	ROHNERT PARK CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DEUTSCH, GERALD	
STREET ADDRESS	90-15 QUEENS BLVD	
CITY - ST - ZIP	ELMHURST NY	

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 type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
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 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: *James Michael Lennon*

James Michael Lennon  
Executive Director

1/14/97 (813) 855-6607

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0049521

CR2E037 (9/96)