

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2009
Secretary of State

DOCUMENT# P09103

Entity Name: AMERICAN NATURAL HYGIENE SOCIETY, INC.

Current Principal Place of Business:

12115 WASATCH CT
TAMPA, FL 33624

New Principal Place of Business:

Current Mailing Address:

PO BOX 30630
TAMPA, FL 33630 US

New Mailing Address:

FEI Number: 36-2692857

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KUTCHINS, BRYAN A
3974 TAMPA RD
SUITE A
OLDSMAR, FL 34677 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: EPSTEIN, MARK
Address: 108 LINDEN TR.
City-St-Zip: ABERDEEN, NC 28315

Title: MGRM () Delete
Name: GRUDNIK, LINDA
Address: 12115 WASATCH COURT
City-St-Zip: TAMPA, FL 33624

Title: D () Delete
Name: HUBERMAN, MARK
Address: 4620 EUCLID BLVD
City-St-Zip: YOUNGSTOWN, OH 44512

Title: D () Delete
Name: KENNEDY, BARBARA
Address: 1535 N. TAYLOR ST
City-St-Zip: ARLINGTON, VA 22207

Title: P () Delete
Name: DEUTSCH, JERRY
Address: 18 HERSEY DRIVE
City-St-Zip: BOYNTON BEACH, FL 33435

Title: S () Delete
Name: NOWAKOWSKI, JOHN
Address: 4041 SW 72ND DRIVE
City-St-Zip: DAVIE, FL 33314

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: DEUTSCH, JERRY
Address: 717 LAKE SHORE DRIVE
City-St-Zip: DELRAY, FL 33444

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA GRUDNIK

MGRM

03/31/2009

Electronic Signature of Signing Officer or Director

Date