

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20000010056

Entity Name: ALL HEALTH MATTERS FOUNDATION, INC.**Current Principal Place of Business:**11134 STONEWOOD FOREST TRAIL
BOYNTON BEACH, FL 33473**Current Mailing Address:**11134 STONEWOOD FOREST TRAIL
BOYNTON BEACH, FL 33473 US**FEI Number:** 85-1849902**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**GLORIA A. COLEMAN
11134 STONEWOOD FOREST TRAIL
BOYNTON BEACH, FL 33473 US*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**Officer/Director Detail :**

Title	PD
Name	GLORIA A. COLEMAN
Address	11134 STONEWOOD FOREST TRAIL
City-State-Zip:	BOYNTON BEACH FL 33473

Title	VP
Name	LACY, MICHELE
Address	11134 STONEWOOD FOREST TRAIL
City-State-Zip:	BOYNTON BEACH FL 33473

Title	EXECUTIVE SECRETARY
Name	AUSTIN, PAMELA A
Address	11134 STONEWOOD FOREST TRAIL
City-State-Zip:	BOYNTON BEACH FL 33473

Title	TREASURER
Name	SOWLES, CHAMEKA
Address	11134 STONEWOOD FOREST TRAIL
City-State-Zip:	BOYNTON BEACH FL 33473

Title	DIRECTOR OF PROGRAMS
Name	LACY, CHANELLE R
Address	11134 STONEWOOD FOREST TRAIL
City-State-Zip:	BOYNTON BEACH FL 33473

I hereby 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 all other like empowered.

SIGNATURE: GLORIA A COLEMAN**PRESIDENT****08/30/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date