

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N20000010056

**FILED**  
**Jan 17, 2024**  
**Secretary of State**  
**3573668967CC**

**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:**

COLEMAN, GLORIA ARLENE  
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:** GLORIA ARLENE COLEMAN

01/17/2024

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

Title SECRETARY  
Name ERVIN, MORGAN  
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**

01/17/2024

Electronic Signature of Signing Officer/Director Detail

Date