

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**May 07, 2004 8:00 am**  
**Secretary of State**

05-07-2004 90137 018 \*\*\*\*66.25

**54053622**



MOORE CR2E037 (11/03)

**DOCUMENT # N03000009876**

1. Entity Name  
**NATIONAL COALITION FOR A HEALTHY AMERICA, INC.**

Principal Place of Business: **304 TEQUESTA DR, TEQUESTA FL 33469**  
Mailing Address: **304 TEQUESTA DR, TEQUESTA FL 33469**

2. Principal Place of Business: Suite, Apt. #, etc.  
3. Mailing Address: Suite, Apt. #, etc.

City & State: \_\_\_\_\_  
City & State: \_\_\_\_\_

Zip: \_\_\_\_\_ Country: \_\_\_\_\_  
Zip: \_\_\_\_\_ Country: \_\_\_\_\_

4. FEI Number: **20-0492512** Applied For:  Not Applicable:

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**HICKEY, THOMAS J  
304 TEQUESTA DR  
TEQUESTA FL 33469**

7. Name and Address of New Registered Agent  
Name: \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
City: \_\_\_\_\_ **FL** Zip Code: \_\_\_\_\_

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE: \_\_\_\_\_

**FILE NOW: FEE IS \$61.25 Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

|                |                   |  |
|----------------|-------------------|--|
| TITLE          | P                 | <input checked="" type="checkbox"/> Delete |
| NAME           | HICKEY, THOMAS J  |  |
| STREET ADDRESS | 304 TEQUESTA DR   |  |
| CITY-ST-ZIP    | TEQUESTA FL 33469 |  |
| TITLE          | V                 | <input checked="" type="checkbox"/> Delete |
| NAME           | BERMAN, RONALD    |  |
| STREET ADDRESS | 304 TEQUESTA DR   |  |
| CITY-ST-ZIP    | TEQUESTA FL 33469 |  |
| TITLE          | P                 | <input checked="" type="checkbox"/> Delete |
| NAME           | RUSSO, GARY Y     |  |
| STREET ADDRESS | 304 TEQUESTA DR   |  |
| CITY-ST-ZIP    | TEQUESTA FL 33469 |  |
| TITLE          |                   | <input type="checkbox"/> Delete            |
| NAME           | LORRAINE SWENS VP |  |
| STREET ADDRESS | 304 Tequesta      |  |
| CITY-ST-ZIP    |                   |  |
| TITLE          |                   | <input type="checkbox"/> Delete            |
| NAME           | ELLY ZANIN SR     |  |
| STREET ADDRESS |                   |  |
| CITY-ST-ZIP    |                   |  |
| TITLE          |                   | <input type="checkbox"/> Delete            |
| NAME           |                   |  |
| STREET ADDRESS |                   |  |
| CITY-ST-ZIP    |                   |  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                    |  |
|----------------|--------------------|--|
| TITLE          |                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                    |  |
| STREET ADDRESS |                    |  |
| CITY-ST-ZIP    |                    |  |
| TITLE          |                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                    |  |
| STREET ADDRESS |                    |  |
| CITY-ST-ZIP    |                    |  |
| TITLE          |                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Lorraine Swens     |  |
| STREET ADDRESS | 304 Tequesta Dr    |  |
| CITY-ST-ZIP    | Tequesta FL 33469  |  |
| TITLE          |                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Elly Zanin         |  |
| STREET ADDRESS | 304 Tequesta Dr    |  |
| CITY-ST-ZIP    | Tequesta, FL 33469 |  |
| TITLE          |                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                    |  |
| STREET ADDRESS |                    |  |
| CITY-ST-ZIP    |                    |  |

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lorraine Swens* Date: *4.11.04* 561 745 0713 x102

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #