


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 27, 2005 8:00 am
Secretary of State

07-27-2005 90048 048 ****61.25

DOCUMENT # N04000008346	
1. Entity Name THE AMERICAN HEALTH COALITION, INC.	

Principal Place of Business 1409 S. INDIAN RIVER DR. FT. PIERCE, FL 34950	Mailing Address 1409 S. INDIAN RIVER DR. FT. PIERCE, FL 34950
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2. Principal Place of Business	3. Mailing Address	07212005 Chg-NP CR2E037 (10/03)
Suite, Apt. #, etc. 1409 S. Indian River Dr.	Suite, Apt. #, etc. 1409 S. Indian River Dr.	4. FEI Number 73/1718827
City & State Ft. Pierce, FL	City & State Ft. Pierce, FL	Applied For Not Applicable
Zip 34950	Country St. Lucie	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GORDON, JACOB U 1409 S. INDIAN RIVER DR. FT. PIERCE, FL 34950	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____

Filing Fee is \$61.25 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
President & CEO Dr. Jacob U. Gordon 1409 S. Indian River Dr. Ft. Pierce, FL 34950			
Treasurer Thelma Hunter Gordon 1409 S. Indian River Dr. Ft. Pierce, FL 34950			

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: Jacob U. Gordon, President & CEO 7/22/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 772/467-9803