2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001931

Entity Name: AMERICAN HEMOCHROMATOSIS SOCIETY, INC.

FILED Jan 06, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1845 BRIDGEWATER DRIVE HEATHROW, FL 327466910 US **Current Mailing Address: New Mailing Address:** 4044 W LAKE MARY BLVD PMB 416 LAKE MARY, FL 327462012 US FEI Number: 65-0823619 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SNYDER, DAVID 1845 BRÓDGEWATER DROVE HEATHROW, FL 32746 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: PFD () Change () Addition () Delete THOMAS, SANDRA A Name: Name: 1845 BRIDGEWATER DRIVE Address: Address: City-St-Zip: HEATHROW, FL 327466910 City-St-Zip: Title: **VPED** () Delete Title: () Change () Addition SNYDER, DAVID G Name: Name: Address: 1845 BRIDGEWATER DRIVE Address: City-St-Zip: HEATHROW, FL 327466910 City-St-Zip: Title: () Delete Title: () Change () Addition HUNTER, BARRY Name: Name: Address: 599 NW 14TH AVE Address: City-St-Zip: BOCA RATON, FL 334863229 City-St-Zip: Title: () Delete Title: (X) Change () Addition REILLY, CHRITOPHER Name: Name: REILLY, CHRITOPHER 893 WASHINGTON ST. Address: 1692 NORTHERN BLVD Address: City-St-Zip: LAUREL HOLLOW, NY 11791 City-St-Zip: FRANKLIN SQUARE, NY 11010 Title: () Delete Title: SEC (X) Change () Addition SNYDER, DANIEL SNYDER, DANIEL Name: Name: 1206 VIA VISALIA 1206 VIA VISALIA Address: Address: City-St-Zip: SAN CLEMENTE, CA 92672 City-St-Zip: SAN CLEMENTE, CA 92672 Title: () Delete Title: () Change (X) Addition SPANGLER, SANDRA Name: Name: Address: Address: 1510 W. CALLE TIBURON TUCSON, AZ 857041054 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DAVID GEISE SNYDER VPED 01/06/2004