

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001931

FILED
Apr 15, 2009
Secretary of State

Entity Name: AMERICAN HEMOCHROMATOSIS SOCIETY, INC.

Current Principal Place of Business:

1845 BRIDGEWATER DRIVE
HEATHROW, FL 327466910 US

New Principal Place of Business:

Current Mailing Address:

4044 W LAKE MARY BLVD
PMB 416
LAKE MARY, FL 327462012 US

New Mailing Address:

FEI Number: 65-0823619

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SNYDER, DAVID G
1845 BRIDGEWATER DRIVE
HEATHROW, FL 32746 US

Name and Address of New Registered Agent:

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:

Title: PFD () Delete
Name: THOMAS, SANDRA A
Address: 1845 BRIDGEWATER DRIVE
City-St-Zip: HEATHROW, FL 327466910

Title: VPED () Delete
Name: SNYDER, DAVID G
Address: 1845 BRIDGEWATER DRIVE
City-St-Zip: HEATHROW, FL 327466910

Title: D () Delete
Name: HUNTER, BARRY
Address: 599 NW 14TH AVE
City-St-Zip: BOCA RATON, FL 334863229

Title: D () Delete
Name: REILLY, CHRITOPHER
Address: 893 WASHINGTON ST.
City-St-Zip: FRANKLIN SQUARE, NY 11010

Title: SEC () Delete
Name: SNYDER, DANIEL
Address: 1206 VIA VISALIA
City-St-Zip: SAN CLEMENTE, CA 92672

Title: TRES () Delete
Name: SPANGLER, SANDRA
Address: 1510 W. CALLE TIBURON
City-St-Zip: TUCSON, AZ 857041054

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

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City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 G. SNYDER

VP

04/15/2009

Electronic Signature of Signing Officer or Director

Date