

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P09103 (3)

1. Corporation Name

AMERICAN NATURAL HYGIENE SOCIETY, INC.



Principal Place of Business

**11816 RACE TRACK RD.
TAMPA FL 33626**

Mailing Address

**11816 RACE TRACK RD.
TAMPA FL 33626**

3. Date Incorporated or Qualified
02/17/1986

3a. Date of Last Report
03/27/1995

2. Principal Place of Business

2a. Mailing Address

21 **P.O. Box 30630**

4. FEI Number
36-2692857

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24 **33630** **25** **33630** **30** **Hillsborough**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHULTZ, GREGORY G.

NEW ADDRESS:

~~000 SR 584 WEST~~
~~BUILDING B~~
~~GLDSMAR FL~~

**3005 STATERD. 590
SUITE 102
CLEARWATER FL 34619**

81 Name

SAME

82 Street Address (P.O. Box Number is Not Acceptable)

3005 STATE Rd. 590

83

SUITE 102

84

CLEARWATER

FL

85 **Zip Code**
34619

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
NAME **HUBERMAN, MARK**
STREET ADDRESS **204 STAMBAUGH BLDG.**
CITY-ST-ZIP **YOUNGSTOWN OH**

TITLE **M** ☐ DELETE
NAME **LENNON, JAMES, M**
STREET ADDRESS **11816 RACE TRACK RD**
CITY-ST-ZIP **TAMPA FL**

TITLE **D** ☐ DELETE
NAME **GERRY, PAMELA**
STREET ADDRESS **RT 1 BOX 390**
CITY-ST-ZIP **SPRINGVALE ME**

TITLE **T** ☐ DELETE
NAME **BROSIOUS, DOROTHY**
STREET ADDRESS **18209 GULF BLVD.**
CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE **D** ☐ DELETE
NAME **GRIDLAND, M.D. RONALD G.**
STREET ADDRESS **6010 COMMECE BOULEVARD, #152**
CITY-ST-ZIP **ROHNERT PARK CA**

TITLE **D** ☐ DELETE
NAME **DEUTSCH, GERALD**
STREET ADDRESS **48 LITTLEWORTH LANE**
CITY-ST-ZIP **SEACLIFF NY**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME **GRIDLAND**
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS **90-15 QUEENS BLVD.**
6.4 CITY-ST-ZIP **ELMHURST, NY 11373**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

James Michael Lennon

3/26/96

813 955-6607

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)