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Jan 23 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P09103 (3)

1. Corporation Name

AMERICAN NATURAL HYGIENE SOCIETY, INC.



Principal Place of Business

Mailing Address

11816 RACE TRACK RD.  
TAMPA FL 33626PO BOX 30630  
TAMPA FL 33630-3630  
US3. Date Incorporated or Qualified  
02/17/19863a. Date of Last Report  
03/29/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip Country

28 Zip Country

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4. FEI Number  
36-2692857Applied For  
Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐

Yes

☒

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHULTZ, GREGORY G.

~~3005 STATE RD 590~~~~SUITE 102~~~~CLEARWATER FL 34619~~

81 Name

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

132 10th Ave. N.

83 Suite 102

84 City

Safety Harbor

FL

85

Zip Code

34695

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P HUBERMAN, MARK  
NAME  
STREET ADDRESS 204 STAMBAUGH BLDG.  
CITY- ST- ZIP YOUNGSTOWN OH1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY- ST- ZIPTITLE M LENNON, JAMES, M  
NAME  
STREET ADDRESS 11816 RACE TRACK RD  
CITY- ST- ZIP TAMPA FL2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY- ST- ZIPTITLE D GERRY, PAMELA  
NAME  
STREET ADDRESS RT 1 BOX 390  
CITY- ST- ZIP SPRINGVALE ME3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY- ST- ZIPTITLE T BROSIOUS, DOROTHY  
NAME  
STREET ADDRESS 18209 GULF BLVD.  
CITY- ST- ZIP ST. PETERSBURG FL4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY- ST- ZIPTITLE D CRIDLAND, M.D. RONALD G  
NAME  
STREET ADDRESS 6010 COMMECE BOULEVARD, #152  
CITY- ST- ZIP ROHNERT PARK CA5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY- ST- ZIPTITLE D DEUTSCH, GERALD  
NAME  
STREET ADDRESS 90-15 QUEENS BLVD  
CITY- ST- ZIP ELMHURST NY6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY- ST- ZIP

14. I do 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 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*James Michael Lennon  
Executive Director

1/14/97 (813) 855-6607

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0049521

CR2E037 (9/96)