FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # 717980 (7)

1. Corporation Name

AMERICAN CULINARY FEDERATION, FIRST COAST CHAPTE R, INC.

Principal Place of Business	Mailing Address
P O BOX 551362 JACKSONVILLE FL 32255-0861 US	P O BOX 551362 JACKSONVILLE FL 32255-0861 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/30/1970
3a. Date of Last Report: 04/06/1994
4. FEI Number: 51-0244473 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

LUNDBERG, DAN
3487 WINDY HILL PLACE
JACKSONVILLE FL 32246

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Dan Lundberg
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	T	11 TITLE	T ☒ Change ☐ Addition
NAME	GRIGSBY, RICHARD	12 NAME	Grigsby Rich
STREET ADDRESS	7793 HUNTER'S LAKE CIRCL	13 STREET ADDRESS	826 4th Street
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP	Neptune Beach, FL 32266
TITLE	V	21 TITLE	V ☐ Change ☐ Addition
NAME	DEGRAFFT, BILL	22 NAME	DEGRAFFT, B.II
STREET ADDRESS	2425 BLACKBEARD DR	23 STREET ADDRESS	2425 Blackbeard Dr
CITY-ST-ZIP	JACKSONVILLE FL	24 CITY-ST-ZIP	Jacksonville FL
TITLE	P	31 TITLE	P D ☐ Change ☐ Addition
NAME	LUNDBERG, DAN	32 NAME	Lundberg, Dan
STREET ADDRESS	3487 WINDY HILL PLACE	33 STREET ADDRESS	3487 Windy Hill Place
CITY-ST-ZIP	PONTE VEDRA FL	34 CITY-ST-ZIP	Ponte Vedra FL
TITLE	D	41 TITLE	SD ☒ Change ☐ Addition
NAME	WOLF, RON	42 NAME	Sharon Clifton
STREET ADDRESS	73 MOULTRIE CREEK CIRCLE	43 STREET ADDRESS	8426 Oder Ave
CITY-ST-ZIP	ST. AUGUSTINE FL	44 CITY-ST-ZIP	Jacksonville, FL 32210
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	REMITTED BY MAY 1
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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: Dan Lundberg 4/17/95 904-381-3604
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0028440