

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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**

3. Date Incorporated or Qualified
01/30/1970

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country
24 25

28 Zip Country
29 30

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**

8. 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

**LUNDBERG, DAN
3487 WINDY HILL PLACE
JACKSONVILLE FL 32246**

81 Name

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

83

84 City

FL

85 Zip Code

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 ☒ DELETE

NAME **T GRIGSBY, RICHARD**
STREET ADDRESS **826 4TH ST**
CITY-ST-ZIP **NEPTUNE BEACH FL**

V ☐ DELETE

NAME **DEGRAFFT, BILL**
STREET ADDRESS **2425 BLACKBEARD DR**
CITY-ST-ZIP **JACKSONVILLE FL**

PD ☐ DELETE

NAME **LUNDBERG, DAN**
STREET ADDRESS **3487 WINDY HILL PLACE**
CITY-ST-ZIP **PONTE VEDRA FL**

SD ☐ DELETE

NAME **CLIFTON, S HARON**
STREET ADDRESS **8426 ODEN AVE**
CITY-ST-ZIP **JACKSONVILLE FL**

☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE ☒ Change ☐ Addition

22 NAME **T DEGRAFFT, WILLIAM**
23 STREET ADDRESS **2425 BLACKBEARD DR**
24 CITY-ST-ZIP **JACKSONVILLE, FL 32224**

31 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☒ Addition

52 NAME **RIDSDALE, NOEL**
53 STREET ADDRESS **9349 MILL SPRINGS DRIVE**
54 CITY-ST-ZIP **JACKSONVILLE, FL 32257**

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
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:

WILLIAM DEGRAFFT

3/2/96

904-273 3242

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)