2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2005
Secretary of State

DOCUMENT# 717980

Entity Name: AMERICAN CULINARY FEDERATION, FIRST COAST CHAPTER, INC.

Current Principal Place of Business:

P.O. BOX 23633
JACKSONVILLE, FL 32241 US

New Principal Place of Business:

6815 ATLANTIC BLVD. STE. 5
JACKSONVILLE, FL 32211 US

Current Mailing Address:

P.O. BOX 23633
JACKSONVILLE, FL 32241 US

New Mailing Address:

6815 ATLANTIC BLVD. STE 5
JACKSONVILLE, FL 32211 US

FEI Number: 51-0244473 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

RIDSDALE, NOEL G
9349 MILL SPRINGS DRIVE
JACKSONVILLE, FL 32257 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: DP ( ) Delete
Name: LUNBERG, DAN
Address: 3487 WINDY HILL PLACE
City-St-Zip: JACKSONVILLE, FL 32246

Title: DS ( ) Delete
Name: CLIFTON, SHARON E
Address: 6815 ATLANTIC BLVD. SUITE 5
City-St-Zip: JACKSONVILLE, FL 32211

Title: DVP ( ) Delete
Name: BAILEY, BRUCE L
Address: 6815 ATLANTIC BLVD. SUITE 5
City-St-Zip: JACKSONVILLE, FL 32211

Title: DC ( ) Delete
Name: RIDSDALE, NOEL G
Address: 9349 MILL SPRINGS DRIVE
City-St-Zip: JACKSONVILLE, FL 32257

Title: DT ( ) Delete
Name: AYERST, WALTER D
Address: 404 UPPER 36TH AVE. SOUTH
City-St-Zip: JACKSONVILLE BEACH, FL 32250

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: BAILEY, BRUCE L
Address: 5210 YACHT CLUB ROAD
City-St-Zip: JACKSONVILLE, FL 32210

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

Title: DVP (X) Change ( ) Addition
Name: JONES, JONNIE J
Address: 8725 OLD KINGS ROAD SOUTH
City-St-Zip: JACKSONVILLE, FL 32217

Title: ( ) Change ( ) Addition
Name:
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 for the exemption stated in Section 119.07(3)(i), 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: WALTER AYERST DT 05/11/2005
Electronic Signature of Signing Officer or Director — Date