2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010339

Entity Name: THE CULINARY AND HOSPITALITY EDUCATION FOUNDATION

OF SOUTHWEST FLORIDA, INC.

FILED Apr 17, 2018 **Secretary of State** CC3830190242

Current Principal Place of Business:

CULINERY HOSPITALITY & EDUCATION FOUNDATION P.O BOX 413005 NAPLES, FL 34101-3005

Current Mailing Address:

CULINARY HOSPITALITY& EDUCATION FOUNDATION P.O BOX 413005 NAPLES, FL 34101-3005 US

FEI Number: 20-1854573 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CLASP INC. 3001 TAMIAMI TRAIL NORTH 4TH FLOOR NAPLES, FL 34103 US

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:

Title

Title

Date Electronic Signature of Registered Agent

City-State-Zip:

NAPLES FL 34101-3005

Officer/Director Detail:

Title **PRESIDENT** Title VΡ

BOUCHER, JEANETTE M CASKEY, KATHERINE Name Name Address 2524 GOLFSIDE DR. Address 23570 ALAMANDA DR.

UNIT 202 City-State-Zip: NAPLES FL 34110

BONITA SPRINGS FL 34135 City-State-Zip: **TREASURER**

Title **SECRETARY** DUNLAP, WILLIAM M Name

GRANGER, ELLEN P Name Address 579 7TH AVEN.

CULINARY HOSPITALITY& Address

City-State-Zip: NAPLES FL 34102 **EDUCATION FOUNDATION**

P.O BOX 413005

Name CAFIERO, TARYN R 2504 SPICEBUSH LANE Address

ASSISTANT TREASURER

NAPLES FL 34105 City-State-Zip:

I hereby 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 all other like empowered.

04/17/2018 ASSISTANT TREASURER SIGNATURE: TARYN CAFIERO