

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000010339

**FILED**  
**Jun 29, 2020**  
**Secretary of State**  
**5859228648CC**

**Entity Name:** THE CULINARY AND HOSPITALITY EDUCATION FOUNDATION OF SOUTHWEST FLORIDA, INC.

**Current Principal Place of Business:**

THE CULINARY AND HOSPITALITY EDUCATION FOUNDATION OF SOUTHWEST FLORIDA, INC.  
5470 BRYSON COURT SUITE 103  
NAPLES, FL 34109

**Current Mailing Address:**

CULINARY AND HOSPITALITY EDUCATION FOUNDATION  
P.O BOX 9440  
NAPLES, FL 34101 US

**FEI Number: 20-1854573**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

NEALE, PATRICK H  
5470 BRYSON COURT  
SUITE 103  
NAPLES, FL 34109 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: PATRICK H NEALE**

**06/29/2020**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY  
Name LACROIX, MINETTE  
Address PO BOX 9440  
City-State-Zip: NAPLES FL 34101

Title TREASURER  
Name ZWEIGHAFT, STUART  
Address PO BOX 9440  
City-State-Zip: NAPLES FL 34101

Title PRESIDENT  
Name CAFIERO, TARYN R  
Address CULINARY AND HOSPITALITY EDUCATION FOUNDATION P.O BOX 9440  
City-State-Zip: NAPLES FL 34101

*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.*

**SIGNATURE: TARYN CAFIERO**

**PRESIDENT**

**06/29/2020**

Electronic Signature of Signing Officer/Director Detail

Date