

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000004335

**Entity Name:** GLOBAL CULINARY INNOVATORS ASSOCIATION, INC.

**Current Principal Place of Business:**

1530 LAKE BALDWIN LANE  
UNIT B  
ORLANDO, FL 32814

**FILED**  
**Jan 30, 2017**  
**Secretary of State**  
**CC8293300132**

**Current Mailing Address:**

P. O. BOX 2005  
WINTER PARK, FL 32790

**FEI Number: 46-5742126**

**Certificate of Status Desired: Yes**

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

RYAN, KEVIN L  
1530 LAKE BALDWIN LANE  
UNIT B  
ORLANDO, FL, FL 32790 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           PRESIDENT  
Name           MCMILLIN, MATTHEW  
Address        430 E. PLAINFIELD ROAD  
City-State-Zip: COUNTRYSIDE IL 60525

Title           DIR  
Name           MANN, JEFF  
Address        12305 PLEASANT HILL CT.  
City-State-Zip: AUSTIN TX 78738

Title           DIRECTOR  
Name           GALLAGHER, ROBERT  
Address        6300 HAZELTINE NATIONAL DR.,  
                  STE.120  
City-State-Zip: ORLANDO FL 32822

Title           SEC  
Name           GRIFFIN, TIMOTHY J  
Address        9900 WESTPARK DRIVE, STE. 300  
City-State-Zip: HOUSTON TX 77063

Title           TREASURER  
Name           SCHAIBLY, SHANE  
Address        8027 COOPER CREEK BLVD. #103  
City-State-Zip: UNIVERSITY PARK FL 34201

Title           DIRECTOR  
Name           SINELLI, JEFFREY  
Address        1412 MAIN STREET, SUITE 2000  
City-State-Zip: DALLAS TX 75202

Title           CEO/EXECUTIVE DIRECTOR  
Name           RYAN, KEVIN L  
Address        P.O. BOX 2005  
City-State-Zip: WINTER PARK FL 32790

Title           DIRECTOR  
Name           FANNIN, DESMOND  
Address        9801 WASHINGTONIAN BLVD.  
City-State-Zip: GAITHERSBURG FL 20878

**Continues on page 2**

*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: KEVIN L. RYAN**

**CEO**

**01/30/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name LEWIS, MARK  
Address 109 WEST 17TH STREET  
City-State-Zip: VANCOUVER WA 98660

Title VP  
Name SAXTON, DAWN  
Address 5050 HOPYARD RD., SUITE 250  
City-State-Zip: PLEASANTON CA 94588

Title SECRETARY  
Name STURM, STEVEN  
Address 13850 BALLANTYNE CORPORATE PLACE, SUITE  
450  
City-State-Zip: CHARLOTTE NC 28277