# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 12, 2009**
**Secretary of State**

DOCUMENT# 717980

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

6815 ATLANTIC BLVD. STE 5
JACKSONVILLE, FL 32211 US

**New Mailing Address:**

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

**FEI Number: 26-2462439** **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:**

JONES, JOHNNIE J
8725 OLD KINGS ROAD
JACKSONVILLE, FL 32217 US

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

WALTER, AYERST J
6815 ATLANTIC BLVD. # 5
JACKSONVILLE, FL 32211 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: WALTER AYERST 05/12/2009
Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete
Name: NORDMAN, JEFFREY
Address: 6815 ATLANTIC BLVD SUITE 5
City-St-Zip: JACKSONVILLE, FL 32211

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

Title: DVP ( ) Delete
Name: PETERSON, ERIC
Address: 6815 ATLANTIC BLVD SUITE 5
City-St-Zip: JACKSONVILLE, FL 32211

Title: DC ( ) Delete
Name: JONES, JOHNNIE J
Address: 6815 ATLANTIC BLVD. SUITE 5
City-St-Zip: JACKSONVILLE, FL 32211

Title: DT ( ) Delete
Name: AYERST, WALTER D
Address: 6815 ATLANTIC BLVD. SUITE 5
City-St-Zip: JACKSONVILLE BEACH, FL 32211

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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 exemption stated in Chapter 119, 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 05/12/2009
Electronic Signature of Signing Officer or Director Date