

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727532

FILED  
Aug 31, 2006  
Secretary of State

Entity Name: AMERICAN CULINARY FEDERATION CENTRAL FLORIDA CHAPTER, INC.

**Current Principal Place of Business:**

301 E. PINE ST.  
SUITE 150  
ORLANDO, FL 32801

**New Principal Place of Business:**

**Current Mailing Address:**

301 E. PINE ST.  
SUITE 150  
ORLANDO, FL 32801

**New Mailing Address:**

285 EAST LAKESHORE BLVD  
KISSIMMEE, FL 34744

FEI Number: 59-1704893      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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:**

NEWELL, ROGER  
285 E. LAKESHORE BLVD  
KISSIMMEE, FL 34744 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: PD ( ) Delete  
Name: D'SOUZA, DESMOND  
Address: 2110 JUDITH PLACE  
City-St-Zip: LONGWOOD, FL 32779

Title: DV ( ) Delete  
Name: NEWELL, ROGER  
Address: 285 E LAKESHORE DR  
City-St-Zip: KISSIMMEE, FL 34744

Title: TD ( ) Delete  
Name: HARMAN, SUSAN  
Address: 7221 JUNE BUG LANE  
City-St-Zip: ORLANDO, FL 32818

Title: VD (X) Delete  
Name: HARRIS, G. MICHAEL  
Address: 400 WILSON PLACE DR  
City-St-Zip: SANFORD, FL 32771

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

Title: PD (X) Change ( ) Addition  
Name: NEWELL, ROGER  
Address: 285 EAST LAKESHORE BLVD  
City-St-Zip: KISSIMMEE, FL 34744

Title: DV (X) Change ( ) Addition  
Name: HARRIS, G. MICHAEL  
Address: 400 WILSON PLACE DR.  
City-St-Zip: SANFORD, FL 32771

Title: TD (X) Change ( ) Addition  
Name: BURNS, MARGARET  
Address: 1942 WILLOW WOOD DRIVE  
City-St-Zip: KISSIMMEE, FL 34746

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: ROGER NEWELL

PD

08/31/2006

Electronic Signature of Signing Officer or Director

Date