

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 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