

# **2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# 727532

**FILED**  
**Apr 26, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

285 EAST LAKESHORE BLVD  
KISSIMMEE, FL 34744

**New Principal Place of Business:**

3224 DANTE DRIVE UNIT 104  
ORLANDO, FL 32835

**Current Mailing Address:**

285 EAST LAKESHORE BLVD  
KISSIMMEE, FL 34744

**New Mailing Address:**

3224 DANTE DRIVE UNIT 104  
ORLANDO, FL 32835

**FEI Number:** 59-1704893

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NEWELL, ROGER  
285 E. LAKESHORE BLVD  
KISSIMMEE, FL 34744 US

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

GALDIANO, NORALYN  
3224 DANTE DRIVE UNIT 104  
ORLANDO, FL 32835 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: NORALYN GALDIANO

04/26/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: C  
Name: NEWELL, ROGER  
Address: 285 EAST LAKESHORE BLVD  
City-St-Zip: KISSIMMEE, FL 34744

Title: P  
Name: GALDIANO, NORA  
Address: 3224 DANTE DR. UNIT 104  
City-St-Zip: ORLANDO, FL 32835

Title: TD  
Name: BURNS, MARGARET  
Address: 1942 WILLOW WOOD DRIVE  
City-St-Zip: KISSIMMEE, FL 34746

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: NORALYN GALDIANO

P

04/26/2011

Electronic Signature of Signing Officer or Director

Date