## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 26, 2006 8:00 am Secretary of State 04-26-2006 90207 047 \*\*\*\*61.25

DOCUMENT # 762511  1. Entity Name AMERICAN CULINARY FEDERATION, PALM BEACH COUNTY CHAPTER, INC.						04-26-2006	90207 047 ****6	1.25
442 GRISWALD DR. 44		Mailing Address 442 GRISWALD DR. LAKE WORTH, FL 3346			1 INS-11 IS 0	063978		(O#1 &) Ida
2. Principal P	lace of Business	3. Mailing Address		<u> </u>				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04202006			
City & State		City & State			4. FEI Numb	Chg-NP	CR2E037 (11/05)	oplied For
		- -			59-236		<u> </u>	ot Applicable
Zip	Country	Zip	Cour	ntry	5. Certificate	of Status Desired	□ \$8.75 Add Fee Require	
	6. Name and Address of Current R	legistered Agent			7. Name and	Address of New	Registered Agent	
LEVINE. B	RAHM D CPA		i	Name				
LEVINE, BRAHM D CPA 515 N FLAGLER DR 300-P			Street Address		dress (P.O. Box Numb	er is Not Acceptab	ile)	
	_M BEACH, FL 33401							
			İ	City			FL Zip Cod	le
	named entity submits this statement for ions of registered agent.	the purpose of changing its	registere	ed office or re	egistered agent, or bo	th, in the State of F		and accept
	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE	: Registered	Agent signature	required when reinstating)		DATE	
ti <sub>s</sub> e	Signature, lyped or printed name of registered agent and Filling Fee is \$61.25  Due by May 1, 2006	9. Election Carr Trust Fund C	paign Fi	inancing	_ \$5.00 May E		DATE  Make check payable to brida Department of S	
10.	Filing Fee is \$61.25	9. Election Carr Trust Fund C	paign Fi	inancing on.	\$5.00 May B Added to Fees ADDITIONS/CH	Flo	Make check payable t	tate
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: HAROLD LAMAN 2-23-06 561 694-1188

SIGNATURE: Date Destine Priore