

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762511

FILED
Apr 21, 2009
Secretary of State

Entity Name: AMERICAN CULINARY FEDERATION, PALM BEACH COUNTY CHAPTER, INC.

Current Principal Place of Business:

3813 BLUEBELL ST
PALM BEACH GARDENS, FL 33410 US

New Principal Place of Business:

Current Mailing Address:

3813 BLUEBELL ST
PALM BEACH GARDENS, FL 33410 US

New Mailing Address:

FEI Number: 59-2363124 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

LEVINE, BRAHM D CPA
500 S. AUSTRALIAN AVE
SUITE #610
WEST PALM BEACH, FL 33401 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: VPD () Delete
Name: JASA, MICHAEL
Address: 1274 NW 91ST AVE.
City-St-Zip: CORAL SPINGS, FL 33071

Title: PD () Delete
Name: SEDIVY, DONALD
Address: 1338 NORTH LAKE WAY
City-St-Zip: PALM BEACH, FL 33480

Title: CD () Delete
Name: HUSER, THOMAS
Address: 13707 SE RANCHLAND AVE
City-St-Zip: HOBE SOUND, FL 33455

Title: TD () Delete
Name: LAMAN, HAROLD
Address: 3813 BLUEBELL ST.
City-St-Zip: PALM BEACH GARDENS, FL 33410

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:

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: HAROLD LAMAN

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04/21/2009

Electronic Signature of Signing Officer or Director

Date