

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 847614

FILED
Feb 06, 2006
Secretary of State

Entity Name: AMERICAN CULINARY FEDERATION, INC.

Current Principal Place of Business:

180 CENTER PLACE WAY
ST AUGUSTINE, FL 32095

New Principal Place of Business:

Current Mailing Address:

180 CENTER PLACE WAY
ST AUGUSTINE, FL 32095

New Mailing Address:

FEI Number: 13-1605933

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JANTSCH, DAWN
180 CENTER PLACE WAY
ST AUGUSTINE, FL 32095 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: P () Delete
Name: LEONARD, EDWARD G
Address: 99 BILTMORE AVE
City-St-Zip: RYE, NY 10580

Title: DC () Delete
Name: PITZ, REIMUND D
Address: 1601 COUNTRY CLUB DR.
City-St-Zip: ORLANDO, FL 32804

Title: S () Delete
Name: PASTOR, GEORGE
Address: 11722 SPANISH LAKE DR
City-St-Zip: TAMPA, FL 33635

Title: T () Delete
Name: WRIGHT, MARK G
Address: 139 CUSHING PLACE
City-St-Zip: BUFFALO, NY 14220

Title: D (X) Delete
Name: ZEHNDER, JOHN
Address: 515 HEINE STREET
City-St-Zip: FRANKENMUTH, MI 487345766

Title: D (X) Delete
Name: TAYLOR, JAMES
Address: 1758 BLUHM RD
City-St-Zip: COLUMBUS, OH 43223

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: KINSELLA, JOHN
Address: 4634 LAUREL VIEW DRIVE
City-St-Zip: CINCINNATI, OH 45244

Title: S (X) Change () Addition
Name: BRONOWITZ, WALTER
Address: 4945 NE 193RD STREET
City-St-Zip: LAKE FOREST PARK, WA 98155

Title: T (X) Change () Addition
Name: AIELLO, JOE
Address: 4318 RIVER ROAD
City-St-Zip: SCHILLER PARK, IL 60176

Title: D (X) Change () Addition
Name: JANTSCH, DAWN
Address: 180 CENTER PLACE WAY
City-St-Zip: ST. AUGUSTINE, FL 32095

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 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: DAWN JANTSCH

D

02/06/2006

Electronic Signature of Signing Officer or Director

Date