

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90076 020 ****61.25

DOCUMENT # 847614

1. Entity Name
AMERICAN CULINARY FEDERATION, INC.



Principal Place of Business
**180 CENTER PLACE WAY
ST AUGUSTINE, FL 32095**

Mailing Address
**180 CENTER PLACE WAY
ST AUGUSTINE, FL 32095**

40038137



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02272007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
13-1605933

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JANTSCH, DAWN
180 CENTER PLACE WAY
ST AUGUSTINE, FL 32095**

Name
Heidi Cramb
Street Address (P.O. Box Number is Not Acceptable)
180 Center Place Way
City
St. Augustine FL Zip Code
32095

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Heidi Cramb**

2/27/07

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
KINSELLA, JOHN
4634 LAUREL VIEW DRIVE
CINCINNATI, OH 45244** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Executive Director of Operations
Heidi Cramb
180 Center Place Way
St. Augustine, FL 32095** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
BRONOWITZ, WALTER
4945 NE 193RD STREET
LAKE FOREST PARK, WA 98155** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
AIELLO, JOE
4318 RIVER ROAD
SCHILLER PARK, IL 60176** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
JANTSCH, DAWN
180 CENTER PLACE WAY
ST. AUGUSTINE, FL 32095** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Delete

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☐ Change ☐ Addition

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: **Heidi Cramb**

2/27/07 800-624-9458

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #