

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 18, 2008 08:00 AM
Secretary of State

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**

DO NOT WRITE IN THIS SPACE



01072008 No Chg-NP CR2E037 (4/06)

4. FEI Number
13-1605933

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CRAMB, HEIDI
180 CENTER PLACE WAY
SAINT AUGUSTINE, FL 32095**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee Is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution ☐

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KINSELLA, JOHN
STREET ADDRESS	4634 LAUREL VIEW DRIVE
CITY-ST-ZIP	CINCINNATI, OH 45244
TITLE	S
NAME	BRONOWITZ, WALTER
STREET ADDRESS	4945 NE 193RD STREET
CITY-ST-ZIP	LAKE FOREST PARK, WA 98155
TITLE	T
NAME	AIELLO, JOE
STREET ADDRESS	4318 RIVER ROAD
CITY-ST-ZIP	SCHILLER PARK, IL 60176
TITLE	EDO
NAME	CRAMB, HEIDI
STREET ADDRESS	180 CENTER PLACE WAY
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32095
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/27/08-80010-024 61.25

**DO NOT WRITE
IN THIS SPACE**

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.