FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 24 PM 12:34

DOCUMENT # 848221 (8)

1. Corporation Name

THE EDUCATIONAL INSTITUTE OF THE AMERICAN CULINARY FEDERATION, INC.

Principal Place of Business	Mailing Address
10 SAN BARTOLLA ST SR 312 PO BOX 3466 ST AUGUSTINE FL 32086-5766	10 SAN BARTOLLA ST SR 312 PO BOX 3466 ST AUGUSTINE FL 32086-5766

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/11/1981
3a. Date of Last Report: 11/16/1994
4. FEI Number: 38-2172192 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

RICHETTI, DONALD N
10 SAN BARTOLA DR.
ST. AUGUSTINE FL 32085

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD — D	1.1 TITLE	☐ Change ☐ Addition
NAME	BRAUN, JACK CEC AAC	1.2 NAME	
STREET ADDRESS	13969 VALLEY VIEW DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MCKEESPORT PA 15131	1.4 CITY-ST-ZIP	
TITLE	T — D	2.1 TITLE	☒ Change ☐ Addition
NAME	BLOOM, THOMAS PHD	2.2 NAME	
STREET ADDRESS	CALIF. CULINARY ACADEMY	2.3 STREET ADDRESS	Omit
CITY-ST-ZIP	SAN FRANCISCO CA	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	☒ Change ☐ Addition
NAME	RHEA, WALTER CEC CMP	3.2 NAME	
STREET ADDRESS	101 ROLLING RIDGE WAY	3.3 STREET ADDRESS	Omit
CITY-ST-ZIP	SIMPSONVILLE KY 40067	3.4 CITY-ST-ZIP	
TITLE	EVP — D	4.1 TITLE	☐ Change ☐ Addition
NAME	RICHETTI, DONALD N	4.2 NAME	
STREET ADDRESS	10 SAN BARTOLA DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL 32086	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	T — D ☐ Change ☒ Addition
NAME		5.2 NAME	Masi, Noble
STREET ADDRESS		5.3 STREET ADDRESS	48 Hollow Rd.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Stanfsburg, NY 12580
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: DONALD N RICHETTI D — 4/15/95 — 904 824-4445
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0022842