

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

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PO BOX 3466
ST AUGUSTINE FL 32086-5766

3. Date Incorporated or Qualified
02/11/1981

3a. Date of Last Report
05/24/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

38-2172192

Applied For

Not Applicable

22

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

23

6. Election Campaign Financing

☐ **\$5.00 May Be Added to Fees**

24

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PDD**
STREET ADDRESS **BRAUN, JACK CEC AAC**
CITY-ST-ZIP **13969 VALLEY VIEW DR. MCKEESPORT PA**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME **TD**
STREET ADDRESS **NOBLE, MASI**
CITY-ST-ZIP **48 HOLLOW RD STAATSBURG NY**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **EVPO**
STREET ADDRESS **RICHETTI, DONALD N**
CITY-ST-ZIP **10 SAN BARTOLA DR. ST. AUGUSTINE FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **TD**
4.3 STREET ADDRESS **Klaus Friedenreich**
4.4 CITY-ST-ZIP **1799 S.E. 17th St. Fort Lauderdale, FL 33316**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/96 (904) 824-4468
Date Daytime Phone #

CR2E037 (12/95)