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Apr 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 848221 (8)
1. Corporation Name
THE EDUCATIONAL INSTITUTE OF THE AMERICAN CULINARY FEDERATION, INC.



Principal Place of Business 10 SAN BARTOLLA ST SR 312 PO BOX 3466 ST AUGUSTINE FL 32086-5766	Mailing Address 10 SAN BARTOLLA ST SR 312 PO BOX 3466 ST AUGUSTINE FL 32086-5766
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3. Date Incorporated or Qualified 02/11/1981	
4. FEI Number 38-2172192	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PITTARO, TERRI
10 SAN BARTOLA DR.
ST. AUGUSTINE FL 32085**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 *Territt Pittaro*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PDD <input checked="" type="checkbox"/> DELETE
NAME	BRAUN, JACK CEC AAC
STREET ADDRESS	13969 VALLEY VIEW DR.
CITY-ST-ZIP	MCKEESPORT PA
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	FRIEDENREICH, KLAUS
STREET ADDRESS	1799 SE 17TH STREET
CITY-ST-ZIP	FORT LAUDERDALE FL
TITLE	EVPD <input checked="" type="checkbox"/> DELETE
NAME	RICETTI, DONALD N
STREET ADDRESS	10 SAN BARTOLA DR.
CITY-ST-ZIP	ST. AUGUSTINE FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Dr. Noel Cullen CMC, AAC
1.3 STREET ADDRESS	10 San Bartola Drive
1.4 CITY-ST-ZIP	St. Augustine, FL 32086
2.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Dr. George Pastor, CEC, CCE, AAC
2.3 STREET ADDRESS	10 San Bartola Drive
2.4 CITY-ST-ZIP	St. Augustine, FL 32086
3.1 TITLE	EVPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Territt Pittaro
3.3 STREET ADDRESS	10 San Bartola Drive
3.4 CITY-ST-ZIP	St. Augustine, FL 32086
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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: Territt Pittaro

Territt Pittaro

4/17/98

904-824-4468

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