


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 08:00 AM
Secretary of State

DOCUMENT # 848221	
1. Entity Name THE EDUCATIONAL INSTITUTE OF THE 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
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DO NOT WRITE IN THIS SPACE

02082005 No Chg-NP CR2E037 (10/03)

4. FEI Number 38-2172192	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DAWN, JANTSCH 180 CENTER PLACE WAY ST. AUGUSTINE, FL 32095

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IN THIS SPACE**

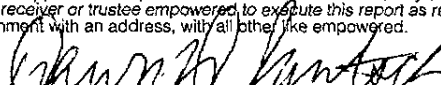
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE 2-8-05
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEONARD, EDWARD G 99 BILTMORE AVE RYE, NY 10580
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WRIGHT, MARK G 139 CUSHING PLACE BUFFALO, NY 14220
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PASTOR, GEORGE 11722 SPANISH LAKE DR TAMPA, FL 33635
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VNE TAYLOR, JAMES 1758 BLUHM RD COLUMBUS OH43223, FL 32086
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSE PERROTTE, LOUIS 6801 TAMARIND ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC ZEHNDER, JOHN 515 HEINE ST FRANKENMOTH, MI 48734

U000000318211
04/20/05-80049-023 61.25

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IN THIS SPACE**

12. 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 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: 	DATE 2-8-05
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	