

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90010 047 ****61.25

DOCUMENT # 848221					
1. Entity Name AMERICAN CULINARY FEDERATION FOUNDATION, INC.					
Principal Place of Business 180 CENTER PLACE WAY ST AUGUSTINE, FL 32095			Mailing Address 180 CENTER PLACE WAY ST AUGUSTINE, FL 32095		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 38-2172192	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DAWN, JANTSCH 180 CENTER PLACE WAY ST. AUGUSTINE, FL 32095			7. Name and Address of New Registered Agent Name: <u>Heidi Cramb</u> Street Address (P.O. Box Number is Not Acceptable): <u>180 Center Place Way</u> City: <u>St. Augustine</u> <u>FL</u> Zip Code: <u>32095</u>		
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: <u>Heidi M Cramb</u> 2/27/07 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P NAME KINSELLA, JOHN STREET ADDRESS 4634 LAUREL VIEW DRIVE CITY-ST-ZIP CINCINNATI, OH 45244	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE S NAME BRONOWITZ, WALTER STREET ADDRESS 4945 NE 193RD STREET CITY-ST-ZIP LAKE FOREST PARK, WA 98155	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE T NAME AIELLO, JOE STREET ADDRESS 4318 RIVER ROAD CITY-ST-ZIP SCHILLER PARK, IL 60176	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D NAME JANTSCH, DAWN STREET ADDRESS 180 CENTER PLACE WAY CITY-ST-ZIP ST. AUGUSTINE, FL 32095	<input checked="" type="checkbox"/> Delete		TITLE Executive Director of operations NAME Heidi Cramb STREET ADDRESS 180 Center Place Way CITY-ST-ZIP St. Augustine, FL 32095 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.					
SIGNATURE: <u>Heidi M Cramb</u>			Date: <u>2/27/07</u> 800-624-9458		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					