

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 848221

FILED
Jan 06, 2009
Secretary of State

Entity Name: AMERICAN CULINARY FEDERATION FOUNDATION, INC.

Current Principal Place of Business:

180 CENTER PLACE WAY
ST AUGUSTINE, FL 32095

New Principal Place of Business:

Current Mailing Address:

180 CENTER PLACE WAY
ST AUGUSTINE, FL 32095

New Mailing Address:

FEI Number: 38-2172192

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRAMB, HEIDI
180 CENTER PLACE WAY
ST. AUGUSTINE, FL 32095 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KINSELLA, JOHN
Address: 4634 LAUREL VIEW DRIVE
City-St-Zip: CINCINNATI, OH 45244

Title: S () Delete
Name: BRONOWITZ, WALTER
Address: 4945 NE 193RD STREET
City-St-Zip: LAKE FOREST PARK, WA 98155

Title: T () Delete
Name: AIELLO, JOE
Address: 4318 RIVER ROAD
City-St-Zip: SCHILLER PARK, IL 60176

Title: D () Delete
Name: CRAMB, HEIDI
Address: 180 CENTER PLACE WAY
City-St-Zip: SAINT AUGUSTINE, FL 32095

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HEIDI CRAMB

D

01/06/2009

Electronic Signature of Signing Officer or Director

Date