


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2007 8:00 am**  
**Secretary of State**

03-28-2007 90011 039 \*\*\*\*61.25

<b>DOCUMENT # F05000002938</b>	
1. Entity Name <b>AMERICAN CULINARY FEDERATION CHEF &amp; CHILD FOUNDATION, INC.</b>	

Principal Place of Business <b>180 CENTER PLACE WAY ST. AUGUSTINE, FL 32095</b>	Mailing Address <b>180 CENTER PLACE WAY ST. AUGUSTINE, FL 32095</b>
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**40043436**



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

02272007 Chg-NP CR2E037 (12/06)

4. FEI Number <b>11-2951880</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
<b>JANTSCH, DAWN D 180 CENTER PLACE WAY ST. AUGUSTINE, FL 32095</b>	

7. Name and Address of New Registered Agent	
Name <b>Heidi Cramb</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>180 Center Place Way</b>	
City <b>St. Augustine</b>	Zip Code <b>FL 32095</b>

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 <b>Heidi M Cramb</b>	DATE <b>2/27/07</b>
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	

<b>Filing Fee Is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>KRAFT, JOSEPH 257 E. HURON ST. LC 521 CHICAGO, IL 60611</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>MIKESSELL, ELIZABETH 1515 W. CALLE GUADALAJALA TUCSON, AZ 85757</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>S BLANCATO, VINCE 3912 RUDDER WAY NEW PORT RICHEY, FL 34652</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>FINGERMAN, IRA 858 WEST ARMITAGE AVE #261 CHICAGO, IL 60614</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>President Joseph Kraft</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>Chair Elizabeth Mikesell</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>Vice President Ira Fingerman</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>Treasurer Joe Aiello 4318 River Road Schiller Park, IL 60176</b>	
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: <b>Heidi M Cramb</b>	DATE <b>2/27/07</b> 800-624-9458
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

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