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NONPROFIT  
CORPORATION  
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

1999

DOCUMENT # F93000002173

1. Corporation Name

INTERNATIONAL FOOD SERVICE EXECUTIVES FOUNDATION  
, INC.

Principal Place of Business

1100 SOUTH STATE ROAD 7  
SUITE 103  
MARGATE FL 33068

Mailing Address

1100 SOUTH STATE ROAD 7  
SUITE 103  
MARGATE FL 33068



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

04/29/1993

4. FEI Number

88-0235720

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

MANLEY, EDWARD H. CFE  
1100 SOUTH STATE ROAD 7  
SUITE 103  
MARGATE FL 33068

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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 EDWARD H. MANLEY PRESIDENT

(NOTE: Registered Agent signature required when registering)

DATE

1-9-99

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME MANLEY, EDWARD H  
STREET ADDRESS 1100 SOUTH STATE ROAD 7, STE. 103  
CITY-ST-ZIP MARGATE FL 33068

TITLE ST  
NAME THOMAS, MARYELLEN  
STREET ADDRESS 3329 TALLY HO  
CITY-ST-ZIP MADISON WI 53705

TITLE TRUS  
NAME GALLO, MARY JANE  
STREET ADDRESS 8513 THORNDEN TERR  
CITY-ST-ZIP BETHESDA MD 20817

TITLE MARGATE FL 33068  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
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, with all other like empowered.

SIGNATURE: EDWARD H. MANLEY

Date

Daytime Phone #

CR2E037 (11/98)