


**NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 20, 2008 8:00 am**  
**Secretary of State**

05-20-2008 90004 045 \*\*\*369.86

<b>DOCUMENT #</b> 000000178499	
1. Entity Name American Hotel & Lodging Educational Institue	

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business - No P.O. Box # 800 N Magnolia Ave. Ste		3. Mailing Address		4. FEI Number 38-1557821	Applied For Not Applicable
Suite, Apt. #, etc. 300		Suite, Apt. #, etc.			
City & State Orlando, Florida		City & State Florida		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 32803	Country USA	Zip	Country		

CR2E037B (5/07)

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	Zip Code

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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering.)

DATE

**FEE IS \$61.25  
Initial or Amended AR**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman of the Board Jay S. Witzel 800 N Magnolia Ave. Suite 300
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Chair Minaz Abji 800 N Magnolia Ave. Suite 300 Orlando, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary-Treasurer Molly McKenzie-Swartz 800 N Magnolia Ave. Suite 300
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Immediate Past Chairman Gerald W. Pettit 800 N Magnolia Ave. Ste. 300
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Joori Jeon 800 N. Magnolia Ave. Suite 300
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **Joori Jeon** 05-14-08 202-289-3152

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #