

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005225

FILED  
Mar 30, 2009  
Secretary of State

**Entity Name:** INTERNATIONAL CORPORATE CHEFS ASSOCIATION, INC.

**Current Principal Place of Business:**

8514 AMBER OAK DRIVE  
ORLANDO, FL 32817

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2005  
WINTER PARK, FL 327902005

**New Mailing Address:**

**FEI Number:** 27-0091728

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RYAN, KEVIN L  
8514 AMBER OAK DRIVE  
ORLANDO, FL 32817 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: VP ( ) Delete  
Name: KING, WILLIAM  
Address: 720 S. W. WASHINGTON STREET, #550  
City-St-Zip: PORTLAND, OR 97205

Title: D ( ) Delete  
Name: COUDREAUT, DAN  
Address: 2915 JORIE BOULEVARD  
City-St-Zip: OAK BROOK, IL 91301 60

Title: P ( ) Delete  
Name: HANKINS, KURT  
Address: 5900 LAKE ELLENOR DRIVE  
City-St-Zip: ORLANDO, FL 32809

Title: D ( ) Delete  
Name: WILLIAM, POWELL  
Address: 5900 LAKE ELLENOR DRIVE  
City-St-Zip: ORLANDO, FL 32809

Title: D ( ) Delete  
Name: SETTEMBRE, OONA  
Address: 6820 LBJ FREEWAY  
City-St-Zip: DALLAS, TX 75240

Title: D ( ) Delete  
Name: OLSON, DEBRA  
Address: 5151 GLENWOOD AVENUE, # 300  
City-St-Zip: RALEIGH, NC 27612

**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:

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: KEVIN L RYAN

AGEN

03/30/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date