## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000010339

FILED Jan 14, 2009 Secretary of State

Entity Name: THE CULINARY AND HOSPITALITY EDUCATION FOUNDATION OF SOUTHWEST FLORIDA, INC.

**Current Principal Place of Business: New Principal Place of Business:** 5601 TURTLE BAY DRIVE #1403 1659 CHINABERRY COURT NAPLES, FL 34108 NAPLES, FL 34105 **Current Mailing Address: New Mailing Address:** 5601 TURTLE BAY DRIVE #1403 1659 CHINABERRY COURT NAPLES, FL 34108 NAPLES, FL 34105 FEI Number: 20-1854573 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CLASP INC. 3001 TAMIAMI TRAIL NORTH 4TH FLOOR NAPLES, FL 34103 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete BOUCHER, JEANNETTE MS. HUSHON, JUDITH Name: Name: 5601 TURTLE BAY DRIVE #1403 Address: 1659 CHINABERRY COURT Address: City-St-Zip: NAPLES, FL 34108 City-St-Zip: NAPLES, FL 34105 Title: () Delete Title: () Change () Addition KING, MARY A MS. Name: Name: Address: 1905 SEVILLE BLVD. #312 Address: City-St-Zip: NAPLES, FL 34109 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition NICHOLS, BRUCE NICHOLS, BRUCE Name: Name: 766 CENTRAL AVE., #320 766 CENTRAL AVE., #320 Address: Address: City-St-Zip: NAPLES, FL 34102 City-St-Zip: NAPLES, FL 34102 Title: () Delete Title: (X) Change ( ) Addition Name: HUSHON, JUDY Name: MANCHESTER, RUTH 1659 CHINABERRY CT. 1274 SILVERSTRAND DRIVE Address: Address: City-St-Zip: NAPLES, FL 34105 City-St-Zip: NAPLES, FL 34110 Title: () Delete Title: ( ) Change (X) Addition DIAZ, LINDA B Name: Name: 4501 GULF SHORE BLVD. N. #1005 Address: Address: City-St-Zip: City-St-Zip: NAPLES, FL 34103 Title: () Delete Title: ( ) Change (X) Addition ROBERTSHAW, DARREN Name: Name: Address: Address: 24065 STILLWELL PARKWAY BONITA SPRINGS, FL 34135 City-St-Zip: 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: LINDA B. DIAZ T 01/14/2009