

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000010339

**FILED**  
**Jan 09, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

1659 CHINABERRY COURT  
NAPLES, FL 34105

**New Principal Place of Business:**

**Current Mailing Address:**

1659 CHINABERRY COURT  
NAPLES, FL 34105

**New Mailing Address:**

**FEI Number:** 20-1854573

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CLASP INC.  
3001 TAMIAMI TRAIL NORTH  
4TH FLOOR  
NAPLES, FL 34103 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: P  
Name: HUSHON, JUDITH  
Address: 1659 CHINABERRY COURT  
City-St-Zip: NAPLES, FL 34105

Title: S  
Name: MEEK, BARBARA  
Address: 680 YUCCA ROAD  
City-St-Zip: NAPLES, FL 34102

Title: D  
Name: KRIER, KENNETH  
Address: 2335 GULF SHORE BLVD. N.  
City-St-Zip: NAPLES, FL 34113

Title: T  
Name: DIAZ, LINDA B  
Address: 4501 GULF SHORE BLVD. N. #1005  
City-St-Zip: NAPLES, FL 34103

Title: VP  
Name: ROBERTSHAW, DARREN  
Address: 24065 STILLWELL PARKWAY  
City-St-Zip: BONITA SPRINGS, FL 34135

I hereby 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 all other like empowered.

SIGNATURE: LINDA B DIAZ

TREA

01/09/2011

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

\_\_\_\_\_  
Date