

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000183

FILED
Sep 24, 2008
Secretary of State

Entity Name: ASSOCIATION OF COMMERCIAL FOODSERVICE DESIGNERS, INC.

Current Principal Place of Business:

1870 ALOMA AVENUE
SUITE 200
WINTER PARK, FL 32789 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 140861
ORLANDO, FL 32814 US

New Mailing Address:

FEI Number: 59-3829621 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MILAM, RICHARD L
1870 ALOMA AVE
SUITE 200
WINTER PARK, FL 32789 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:

Title: EXD () Delete
Name: BEAN, PHILIP O
Address: 553 BRAGG HILL ROAD
City-St-Zip: FAIRLEE, VT 05045 US

Title: DIR () Delete
Name: MILAM, RICHARD L
Address: 1870 ALOMA AVE
City-St-Zip: WINTER PARK, FL 32789 US

Title: DIR () Delete
Name: BUCHEK, JOSEPH
Address: 8 BISHOP ROAD
City-St-Zip: WEST HARTFORD, CT 06119 US

Title: DIR () Delete
Name: HODGES, CRAIG
Address: 4407 VINELAND ROAD SUITE D-1
City-St-Zip: ORLANDO, FL 32811 US

Title: DIR () Delete
Name: DONOHO, TRUEMAN
Address: 690 NATURES HAMMOCK RD W
City-St-Zip: JACKSONVILLE, FL 32259

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:

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: PHILIP BEAN

EXD

09/24/2008

Electronic Signature of Signing Officer or Director

Date