

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004452

FILED  
Mar 06, 2009  
Secretary of State

**Entity Name:** AMERICAN CULINARY FEDERATION TALLAHASSEE AREA CHEFS ASSOCIATION, INC.

**Current Principal Place of Business:**

1140 CAMELLIA DRIVE  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

**Current Mailing Address:**

1140 CAMELLIA DRIVE  
TALLAHASSEE, FL 32301

**New Mailing Address:**

**FEI Number:** 90-0368503

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BLANCHARD, MYRA  
1140 CAMELLIA DRIVE  
TALLAHASSEE, FL 32301 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 ( ) Delete  
Name: MANLEY, PAMELA C.C.  
Address: 3143 BROCKTON WAY  
City-St-Zip: TALLAHASSEE, FL 32308

Title: V ( ) Delete  
Name: KEATING, KEVIN CEC,CCE  
Address: 2409 BLARNEY DR  
City-St-Zip: TALLAHASSEE, FL 323093161

Title: S ( ) Delete  
Name: HAWKINS, MATRELL C.C.  
Address: 3539 APALACHEE PKWY #162  
City-St-Zip: TALLAHASSEE, FL 323115331

Title: T ( ) Delete  
Name: BLANCHARD, MYRA  
Address: PO BOX 10183  
City-St-Zip: TALLAHASSEE, FL 323022183

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: HOWARD, TRAVIS R  
Address: 6733 LAYTON CT.  
City-St-Zip: TALLAHASSEE, FL 323178482

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: MYRA D. BLANCHARD

T

03/06/2009

Electronic Signature of Signing Officer or Director

Date