2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2006
Secretary of State

DOCUMENT# N31045

Entity Name: AMERICAN CULINARY FEDERATION OF ST. AUGUSTINE, INC.

Current Principal Place of Business:

2980 COLLINS AVENUE
ST AUGUSTINE, FL 32084

New Principal Place of Business:

5488 5TH STREET
ST AUGUSTINE, FL 32080

Current Mailing Address:

2980 COLLINS AVENUE
ST AUGUSTINE, FL 32084

New Mailing Address:

5488 5TH STREET
ST AUGUSTINE, FL 32080

FEI Number: 59-3019021 **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:

KNIGHT, F. GLEN
4408 SCHWAB CT
ELKTON, FL 32033 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:	SINOW, MATT	
Address:	2063 SARA LYNN DR	
City-St-Zip:	ST AUGUSTINE, FL	
Title:	T	( ) Delete
Name:	BEARL, DAVID	
Address:	5488 5TH STREET	
City-St-Zip:	ST AUGUSTINE, FL 32080	
Title:	S	( ) Delete
Name:	TOTH, JEFF	
Address:	2980 COLLINS AVE	
City-St-Zip:	SAINT AUGUSTINE, FL 32084	
Title:	VP	( ) Delete
Name:	FONTICELLI, MARIA	
Address:	2980 COLLINS AVE	
City-St-Zip:	SAINT AUGUSTINE, FL 32084	
Title:	P	( ) Delete
Name:	KNIGHT, F GLEN	
Address:	4408 SCHWAB CT	
City-St-Zip:	ELKTON, FL 32033	

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 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: DAVID S. BEARL T 07/07/2006

Electronic Signature of Signing Officer or Director — Date