

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31045

FILED
Apr 15, 2009
Secretary of State

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

Current Principal Place of Business:

5488 5TH STREET
SAINT AUGUSTINE, FL 32080

New Principal Place of Business:

2980 COLLINS AVE
SAINT AUGUSTINE, FL 32084

Current Mailing Address:

5488 5TH STREET
SAINT AUGUSTINE, FL 32080

New Mailing Address:

2980 COLLINS AVE
SAINT AUGUSTINE, FL 32084

FEI Number: 59-3019021

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BEARL, DAVIO
5488 5TH STREET
SAINT AUGUSTINE, FL 32080 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: ESTES, ANDREA
Address: 401 MANGO CIR
City-St-Zip: SAINT AUGUSTINE, FL 32095

Title: VP () Delete
Name: BEARL, DAVID
Address: 5488 5TH STREET
City-St-Zip: ST AUGUSTINE, FL 32080

Title: T () Delete
Name: LOWMAN, ANTHONY
Address: 3328 LAUREL GROVE N
City-St-Zip: JACKSONVILLE, FL 32223

Title: S () Delete
Name: CAHILL, VIRGINIA
Address: 1050 BELLA VISTA BLVD #112
City-St-Zip: SAINT AUGUSTINE, FL 32084

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HARRIS, BRETT
Address: 2980 COLLINS
City-St-Zip: SAINT AUGUSTINE, FL 32084

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

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

Title: S (X) Change () Addition
Name: GAYNOR, SHERRY
Address: 2980 COLLINS AVE
City-St-Zip: SAINT AUGUSTINE, FL 32084

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: ANTHONY LOWMAN

T

04/15/2009

Electronic Signature of Signing Officer or Director

Date