

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
• Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N33535 (8)

1. Corporation Name

AMERICAN CULINARY FEDERATION, TAMPA BAY CHEFS AND COOKS ASSOCIATION, INC.



Principal Place of Business

C/O MALCOLM H. LESLIE
P. O. BOX 15891
TAMPA FL 33684
US

Mailing Address

C/O MALCOLM H. LESLIE
P. O. BOX 15891
TAMPA FL 33684
US

3. Date Incorporated or Qualified
08/03/1989

3a. Date of Last Report
03/02/1995

2. Principal Place of Business

2a. Mailing Address

21 **delete c/o M. Leslie**

26 **delete c/o M. Leslie**

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LESLIE, MALCOLM M
1446 HILLCREST AVE., S.
14 SUNSET DR.
CLEARWATER FL 34616**

81 Name **Steve Afflixio, President**

82 Street Address (P.O. Box Number is Not Acceptable)
9208 Woodbay Drive

83

84 City **Tampa**

FL

85 Zip Code **33626**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the provisions of, Section 617.0509, Florida Statutes.

SIGNATURE

[Signature]

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	LESLIE, MALCOLM M	
STREET ADDRESS	1446 HILLCREST AVE., S.	
CITY - ST - ZIP	CLEARWATER FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	LUCARDIE, FREDERIK J	
STREET ADDRESS	3603 S. MACDILL AVE.	
CITY - ST - ZIP	TAMPA FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	DOHN, RONALD	
STREET ADDRESS	1420 THISTLEDOWN DRIVE	
CITY - ST - ZIP	BRANDON FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BENTON, RAY	
STREET ADDRESS	8849 EASTHAVEN CT.	
CITY - ST - ZIP	NEW PT. RICHEY FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	WEINSTEIN, ERIC	
STREET ADDRESS	3909 WEST SAN JUAN	
CITY - ST - ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Steve Afflixio	
1.3 STREET ADDRESS	9208 Woodbay Drive	
1.4 CITY - ST - ZIP	Tampa, Florida 33626	
2.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Shelley Tingler	
3.3 STREET ADDRESS	1515 South Westshore Boulevard	
3.4 CITY - ST - ZIP	Tampa, Florida 33629	
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Eric Weinstein	
5.3 STREET ADDRESS	4009 West Leona	
5.4 CITY - ST - ZIP	Tampa, Florida 33629	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	500001772645	
6.3 STREET ADDRESS	-04/08/96--01082--010	
6.4 CITY - ST - ZIP	***\$61.25	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

[Signature]

02/14/96

(813) 237-0803

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)