


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 12, 2005 08:00 AM
Secretary of State

DOCUMENT # N33535 1. Entity Name AMERICAN CULINARY FEDERATION TAMPA BAY CULINARY ASSOCIATION, INC.	
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Principal Place of Business 3603 SOUTH MACDILL AVENUE TAMPA, FL 33629 US	Mailing Address 3603 SOUTH MACDILL AVENUE TAMPA, FL 33629 US
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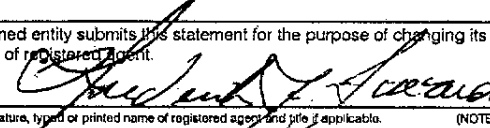
01032005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> IS	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LUCARDIE, FREDERIK J 3603 SOUTH MACDILL AVENUE TAMPA, FL 33629

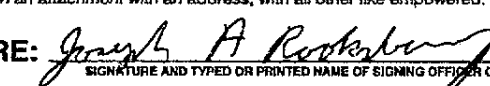
DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE: 	DATE: 01-09-05

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD LUCARDIE, FREDERIK J 3603 SOUTH MACDILL AVENUE TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROOKSBERRY, JOSEPH A 7304 CANAL BOULEVARD TAMPA, FL 33615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SABO, MICHAEL J 3916 - 103RD AVENUE NORTH CLEARWATER, FL 33762
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HENNING, PAUL J 1535 THISTLEDOWN DRIVE BRANDON, FL 335102069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S EVANS, PAUL M JR 5827 LEGACY CRESCENT PLACE, #204 RIVERVIEW, FL 33569
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U00000178899 01/12/05-80047-008 70.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: 	DATE: 01-09-05

813-889-8454