

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 # **N39335** (7)

1. Corporation Name

SPACE COAST CHAPTER OF THE AMERICAN CULINARY FEDERATION, INC.



Principal Place of Business

Mailing Address

1941 TRAIL PINE RD.
MELBOURNE FL 32935
US

P O BOX 410186
MELBOURNE FL 32941

3. Date Incorporated or Qualified
07/27/1990

3a. Date of Last Report
01/19/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

59-3017843

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

BLACK, MICHAEL K
100 DATURA DR.
INDIAN HARBOUR BEACH FL 32937

81 Name

Wayne Sherwood CWC

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

877 Lamplighter Drive NW

83

Palm Bay

84 City

FL

85 Zip Code

32907

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 obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Wayne Sherwood

(NOTE: Registered Agent signature required when reinstating)

5/10/96

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **DP**
STREET ADDRESS **PEACH, JOHN**
CITY-ST-ZIP **209 E. CARTIER AVE.**
MELBOURNE FL

TITLE ☐ DELETE
NAME **DV**
STREET ADDRESS **BLACK, MICHAEL K**
CITY-ST-ZIP **1941 TALL PINE RD.**
MELBOURNE FL 32935

TITLE ☐ DELETE
NAME **2DV**
STREET ADDRESS **DUBREUIL, GUY**
CITY-ST-ZIP **356 MALABAR RD.**
PALM BAY FL

TITLE ☐ DELETE
NAME **DT**
STREET ADDRESS **SHERWOOD, WAYNE**
CITY-ST-ZIP **877 LAMPLIGHTER DR.**
PALM BAY FL

TITLE ☒ DELETE
NAME **DS**
STREET ADDRESS **DESMOND, DAN**
CITY-ST-ZIP **200 RIALTO PLACE**
MELBOURNE FL

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **WRIGHT, LEROY**
CITY-ST-ZIP **200 RIALTO PLACE**
MELBOURNE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 on an attachment with an address.

SIGNATURE:

Wayne Sherwood
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)