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Jun 01, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N39335					
1. Corporation Name SPACE COAST CHAPTER OF THE AMERICAN CULINARY FEDERATION, INC.					
Principal Place of Business 1941 TRAIL PINE RD. MELBOURNE FL 32935 US			Mailing Address P O BOX 410186 MELBOURNE FL 32941		



2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 07/27/1990	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-3017843	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Country 25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent PIASECKI, PAMELA 2582 CARMEL ROAD INDIALANTIC FL 32903				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code	

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	DP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	PEACH, JOHN			1.2 NAME	Black, Michael K		
STREET ADDRESS	209 E. CARTIER AVE.			1.3 STREET ADDRESS	1941 Tall Pine Rd.		
CITY-ST-ZIP	MELBOURNE FL			1.4 CITY-ST-ZIP	Melbourne FL 32935		
TITLE	DV	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	DV	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BLACK, MICHAEL K			2.2 NAME	Cranisky, Patricia		
STREET ADDRESS	1941 TALL PINE RD.			2.3 STREET ADDRESS	2007 MacFarland Dr.		
CITY-ST-ZIP	MELBOURNE FL 32935			2.4 CITY-ST-ZIP	Colton, FL 32922-7032		
TITLE	2DV	<input type="checkbox"/> DELETE		3.1 TITLE	2DV	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	DUBREUIL, GUY			3.2 NAME	House, Ray		
STREET ADDRESS	356 MALABAR RD.			3.3 STREET ADDRESS	5125 Areka Palm St.		
CITY-ST-ZIP	PALM BAY FL			3.4 CITY-ST-ZIP	Colton, FL 32926		
TITLE	DT	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PIASECKI, PAMELA			4.2 NAME			
STREET ADDRESS	2582 CARMEL ROAD			4.3 STREET ADDRESS			
CITY-ST-ZIP	INDIALANTIC FL 32903			4.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	Chairman of the Board	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	WRIGHT, LEROY			5.2 NAME	Peach, John		
STREET ADDRESS	200 RIALTO PLACE			5.3 STREET ADDRESS	209 E. Cartier Ave.		
CITY-ST-ZIP	MELBOURNE FL			5.4 CITY-ST-ZIP	Melbourne FL 32901		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. 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 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, with all other like empowered.

SIGNATURE: Pamela S. Piasecki 06/01/99 (407) 773-0158
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)