

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 25, 2004 8:00 am**  
**Secretary of State**

02-25-2004 90031 050 \*\*\*\*61.25

**DOCUMENT # N39335**

1. Entity Name

**SPACE COAST CHAPTER OF THE AMERICAN CULINARY  
FEDERATION, INC.**



Principal Place of Business

**2207 MACFARLAND DRIVE  
COCOA FL 32922-7032  
US**

Mailing Address

**P O BOX 410452  
MELBOURNE FL 32941-0452**

**54011394**



**MOORE CR2E037 (11/03)**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3017843**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**SHEERWOOD, WAYNE  
877 LAMPLIGHTER DRIVE  
PALM BAY FL 32907**

7. Name and Address of New Registered Agent

Name **Wayne Sherwood**  
Street Address (P.O. Box Number is Not Acceptable)  
**877 Lamplighter Drive NW  
Palm Bay FL**  
City **FL** Zip Code **32907**

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 **Wayne Sherwood**

**2-16-04**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete  
NAME **GRANISKY, PATRICE**  
STREET ADDRESS **2207 MACFARLAND DRIVE**  
CITY-ST-ZIP **COCOA FL 32922-7032**

TITLE **DV** ☐ Delete  
NAME **BEAUTE, PASCAL**  
STREET ADDRESS **1366 SANIBEL LANE**  
CITY-ST-ZIP **MERRITT ISLAND FL 32952**

TITLE **DT** ☐ Delete  
NAME **GREGORY, ANNE**  
STREET ADDRESS **2725 COZUMEL DRIVE #1007**  
CITY-ST-ZIP **MELBOURNE FL 32935**

TITLE **CB** ☐ Delete  
NAME **HEFFNER, DALE E**  
STREET ADDRESS **3570 WEBER ROAD**  
CITY-ST-ZIP **VAKARIA FL 32950**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP **32952**

TITLE **Treasurer** ☒ Change ☐ Addition  
NAME **ANNE E. GREGORY**  
STREET ADDRESS **1719 HAZETON ST. NW**  
CITY-ST-ZIP **PALM BAY, FL 32907**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: **Patricia Granisky**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/16/04**

Date

**351-633-7131**

Daytime Phone #