2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39335

FILED Jan 22, 2007 Secretary of State

Entity Name: SPACE COAST CHAPTER OF THE AMERICAN CULINARY FEDERATION, INC.

Current Principal Place of Business: New Principal Place of Business:

2207 MACFARLAND DRIVE P.O BOX 410452

COCOA, FL 329227032 US MELBOURNE, FL 329410452 US

Current Mailing Address: New Mailing Address:

P O BOX 410452

MELBOURNE, FL 329410452

FEI Number: 59-3017843 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SHERWOOD, WAYNE STREBER, BARBARA K 877 LAMPLIGLIGHTER DRIVE 5900 BRABROOK AVE PALM BAY, FL 32907 US GRANT, FL 32949 US

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.

SIGNATURE: BARBARA K. STREBER 01/22/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition Name: SHUBACK, PATRICE Name: LEROY, WRIGHT

 Address:
 2207 MACFARLAND DRIVE
 Address:
 833A FAULL DRIVE

 City-St-Zip:
 COCOA, FL 329227032 US
 City-St-Zip:
 ROCKLEGE, FL 32955 US

Title: VP () Delete Title: VP (X) Change () Addition Name: TURNER, KENNETH Name: GREGORY, ANNE G

Name:TURNER, KENNETHName:GREGORY, ANNE GAddress:4263 WELLINGTON ROADAddress:1719 HAZETON ST. NWCity-St-Zip:MELBOURNE, FL 32935 USCity-St-Zip:PALM BAY, FL 32907 US

Name: GREGORY, ÄNNE G Name: HILL, MICHAEL A
Address: 1719 HAZETON ST. NW Address: 1113 SEMINOLE DRIVE

City-St-Zip: PALM BAY, FL 32907 US City-St-Zip: INDIAN HARBOUR BEACH, FL 32937 US

Title: S () Delete Title: S (X) Change () Addition

 Name:
 SHERWOOD, WAYNE
 Name:
 STREBER, BARBARA K

 Address:
 877 LAMPLIGHTER DR. NW
 Address:
 5900 BRABROOK AVE

 City-St-Zip:
 PALM BAY, FL 32907
 City-St-Zip:
 GRANT, FL 32949

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL A. HILL T 01/22/2007