


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 08:00 AM
Secretary of State

DOCUMENT # N99000002386	
1. Entity Name AMERICAN CULINARY FEDERATION-NATIONAL CHAPTER, INC.	

Principal Place of Business 180 CENTER PLACE WAY ST. AUGUSTINE, FL 32095	Mailing Address 180 CENTER PLACE WAY ST. AUGUSTINE, FL 32095
--	--

DO NOT WRITE IN THIS SPACE



02082005 No Chg-NP CR2E037 (10/03)

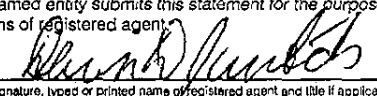
4. FEI Number 59-3623638	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

DAWN, JANTSCH
180 CENTER PLACE WAY
ST. AUGUSTINE, FL 32095

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: 2-8-05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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
---	--

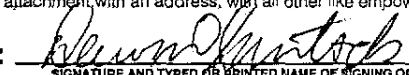
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PITZ, REIMUND 1601 COUNTRY CLUB DR ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC LEONARD, EDWARD G 99 BILTMORE AVE RYE, NY 10580
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WRIGHT, MARK G 139 CUSHING PLACE BUFFALO, NY 14220
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PASTOR, GEORGE 11722 SPANISH LAKE DR TAMPA, FL 33635
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZEHNDER, JOHN L 515 HEINE ST FRANKENMUTH, MI 48734
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, JAMES 1758 BLUHM RD COLUMBUS, OH 43223

DO NOT WRITE
IN THIS SPACE

000000229142
02/14/05-80068-DUG 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 2-8-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR