2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Feb 06, 2006
Secretary of State

DOCUMENT# N99000002386

Entity Name: AMERICAN CULINARY FEDERATION-NATIONAL CHAPTER, INC.

Current Principal Place of Business:

180 CENTER PLACE WAY
ST. AUGUSTINE, FL 32095

New Principal Place of Business:

Current Mailing Address:

180 CENTER PLACE WAY
ST. AUGUSTINE, FL 32095

New Mailing Address:

FEI Number: 59-3623638 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: KINSELLA, JOHN
Address: 4634 LAUREL DRIVE
City-St-Zip: CINCINNATI, OH 45244

Title: S ( ) Delete
Name: BRONOWITZ, WALTER
Address: 4945 NE 193RD STREET
City-St-Zip: LAKE FOREST PARK, WA 98155

Title: T ( ) Delete
Name: AIELLO, JOE
Address: 4318 RIVER ROAD
City-St-Zip: SCHILER PARK, IL 60176

Title: D ( ) Delete
Name: JANTSCH, DAWN
Address: 180 CENTER PLACE WAY
City-St-Zip: ST. AUGUSTINE, FL 32095

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition
Name: KINSELLA, JOHN
Address: 4634 LAUREL DRIVE
City-St-Zip: CINCINNATI, OH 45244

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: P ( ) Change (X) Addition
Name: LEONARD, EDWARD
Address: 99 BILTMORE AVENUE
City-St-Zip: RYE, NY 10580

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: DAWN JANTSCH D 02/06/2006

Electronic Signature of Signing Officer or Director — Date