


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 26, 2007 8:00 am**  
**Secretary of State**

03-26-2007 90047 045 \*\*\*\*61.25

<b>DOCUMENT # N99000002386</b> 1. Entity Name <b>AMERICAN CULINARY FEDERATION-NATIONAL CHAPTER, INC.</b>					
Principal Place of Business <b>180 CENTER PLACE WAY ST. AUGUSTINE, FL 32095</b>			Mailing Address <b>180 CENTER PLACE WAY ST. AUGUSTINE, FL 32095</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3623638</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>DAWN, JANTSCH L 180 CENTER PLACE WAY ST. AUGUSTINE, FL 32095</b>				Name <b>Heidi Cramb</b> Street Address (P.O. Box Number is Not Acceptable) <b>180 Center Place Way</b> City <b>St. Augustine</b>	
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.				FL Zip Code <b>32095</b>	
SIGNATURE <u>Heidi M Cramb</u> <u>2/27/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>KINSELLA, JOHN</b> <b>4634 LAUREL DRIVE</b> <b>CINCINNATI, OH 45244</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>John Kinsella</b> <b>4634 Laurel View Drive</b> <b>Cincinnati, OH 45244</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>BRONOWITZ, WALTER</b> <b>4945 NE 193RD STREET</b> <b>LAKE FOREST PARK, WA 98155</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>AIELLO, JOE</b> <b>4318 RIVER ROAD</b> <b>SCHILER PARK, IL 60176</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JANTSCH, DAWN</b> <b>180 CENTER PLACE WAY</b> <b>ST. AUGUSTINE, FL 32095</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Executive Director of Operations</b> <b>Heidi Cramb</b> <b>180 Center Place Way</b> <b>St. Augustine, FL 32095</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>LEONARD, EDWARD</b> <b>99 BILTMORE AVENUE</b> <b>RYE, NY 10580</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Past President</b> <b>Edward Leonard</b> <b>99 Biltmore Avenue</b> <b>Rye, NY 10580</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Heidi M Cramb</u> <u>2/27/07</u> <u>800-624-9458</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

60028656



02272007 Chg-NP CR2E037 (12/06)