


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P32269

1. Entity Name
THE AMERICAN INSTITUTE OF WINE & FOOD, INCORPORATED



Principal Place of Business
**304 W LIBERTY ST
 201
 LOUISVILLE, KY 40202**

Mailing Address
**8362 PINE BLVD
 247
 PEMBROKE PINES, FL 33024**

DO NOT WRITE IN THIS SPACE



01082004 No Chg-NP CR2E037 (10/03)

4. FEI Number
94-2780315 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**FESTINGER, PHYLLIS
 8362 PINE BLVD #247
 PEMBROOK PINES, FL 33024**

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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 _____
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, 2004**

9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

UG0000021009
 01/29/04-80091-010 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LINN, GEORGE 304 W LIBERTY ST SUITE 201 LOUISVILLE, KY 40202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BERK, MICHAEL 304 W LIBERTY ST SUITE 201 LOUISVILLE, KY 40202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC HESS, MARY A 304 W LIBERTY ST SUITE 201 LOUISVILLE, KY 40202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 another like empowered

SIGNATURE: *[Signature]* **GEORGE M. LINN** Date: **1-20-04** Daytime Phone: **1800 274AWF**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR