


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90382 002 ****61.25

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	
2. Principal Place of Business 1303 JEFFERSON		3. Mailing Address	
Suite, Apt. #, etc. SUITE 100-B		Suite, Apt. #, etc.	
City & State NAPA, CALIFORNIA		City & State	
Zip 94559	Country USA	Zip	Country
4. FEI Number 94-2780315		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
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	
Make check payable to Florida Department of State			
6. Name and Address of Current Registered Agent FESTINGER, PHYLLIS 8362 PINE BLVD #247 PEMBROOK PINES, FL 33024		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 PHYLLIS FESTINGER		DATE 4/21/05	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LINN, GEORGE 304 W LIBERTY ST SUITE 201 LOUISVILLE, KY 40202	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BERK, MICHAEL 304 W LIBERTY ST SUITE 201 LOUISVILLE, KY 40202	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC HESS, MARY A 304 W LIBERTY ST SUITE 201 LOUISVILLE, KY 40202	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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 all other like empowered.			
SIGNATURE: Jodie Morgan		JODIE MORGAN 4/21/05	
Signature and typed or printed name of signing officer or director		Date Daytime Phone #	