


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2006 08:00 AM
Secretary of State

DOCUMENT # P32269	
1. Entity Name THE AMERICAN INSTITUTE OF WINE & FOOD, INCORPORATED	

Principal Place of Business 1303 JEFFERSON STE 100 B NAPA, CA 94559	Mailing Address 8362 PINE BLVD 247 PEMBROKE PINES, FL 33024
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DO NOT WRITE IN THIS SPACE



01092006 No Chg-NP CR2E037 (11/05)

4. FEI Number 94-2780315	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

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

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LINN, GEORGE 1300 JEFFERSON STE 100-B NAPA, CA 94559
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED MORGAN, JODIE 1303 JEFFERSON STE 100-B NAPA, CA 94559
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERK, MICHAEL 1303 JEFFERSON STE 100-B NAPA, CA 94559
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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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #