


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90098 010 ****61.25

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	
2. Principal Place of Business - No P.O. Box # 216 Manor Rd		3. Mailing Address 213-37 39th Ave	
Suite, Apt. #, etc. Douglaston NY		Suite, Apt. #, etc. Box 216	
City & State NY		City & State Bayside NY	
Zip 11363	Country USA	Zip 11363	Country USA
6. Name and Address of Current Registered Agent FESTINGER, PHYLLIS 8362 PINE BLVD #247 PEMBROKE 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2007		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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LINN, GEORGE 1300 JEFFERSON STE 100-B NAPA, CA 94559 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Jacqueline L. Bergman BJNB Foundation 1265 S. Ariviron Dr Gladwynes 19035 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED MORGAN, JODIE 1303 JEFFERSON STE 100-B NAPA, CA 94559 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Drew Jablorn Tannenbaum et al 900 Third Ave. NY NY 10022 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERK, MICHAEL 1303 JEFFERSON STE 100-B NAPA, CA 94559 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman Karen Cathey PO Box 7543 Arlington VA 22207 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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4. FEI Number
94-2780315 Applied For
Not Applicable

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

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

2/8/07 **610-520-1844**
Date Daytime Phone #