


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

40014817



2. Principal Place of Business - No P.O. Box #
216 Manor Rd
 Suite, Apt. #, etc.
Douglaston NY
 City & State

3. Mailing Address
213-37 39th Ave
 Suite, Apt. #, etc.
Box 216
 City & State
Bayside NY

01112007 Chg-NP CR2E037 (12/06)

4. FEI Number
94-2780315

Applied For
 Not Applicable

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

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. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LINN, GEORGE <input checked="" type="checkbox"/> Delete 1303 JEFFERSON STE 100-B NAPA, CA 94559
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED MORGAN, JODIE <input checked="" type="checkbox"/> Delete 1303 JEFFERSON STE 100-B NAPA, CA 94559
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERK, MICHAEL <input checked="" type="checkbox"/> Delete 1303 JEFFERSON STE 100-B NAPA, CA 94559
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Jacqueline L. Bergman BTNB Foundation 1265 S. Ariviron Dr Gladwyn Pa 19035
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Secretary Drew Jablom Tannenbaum et al 900 Third Ave. NY NY 10022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Chairman Karen Cathey PO Box 7543 ARLINGTON VA 22207
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"/> Change <input type="checkbox"/> Addition
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 the empowered.

SIGNATURE *Jacqueline L. Bergman* **2/8/07** **610-520-1844**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #