2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2024
Secretary of State
5768328496CC

DOCUMENT# N48261

Entity Name: CHAIN RESTAURANT TOTAL REWARDS ASSOCIATION, INC.

Current Principal Place of Business:

330 W. 38TH ST.,
SUITE 1105
NEW YORK, NY 10018

Current Mailing Address:

330 W. 38TH ST.,
SUITE 1105
NEW YORK, NY 10018 US

FEI Number: 65-0328165

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

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.

SIGNATURE: ROSEMARIE GAGLIARDINO 02/20/2024

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	EDUCATION CHAIR
Name	CHISM, TISH
Address	112 RAES CREEK COURT
City-State-Zip:	GEORGETOWN KY 40324

Title	SURVEY DIRECTOR
Name	WHITE, GREG
Address	9600 SOUTHERN PINES
City-State-Zip:	CHARLOTTE NC 28273

Title	PRESIDENT
Name	WOODS, AMY
Address	2015 CARRIAGE RD.
City-State-Zip:	POWELL OH 43065

Title	EDUCATION DIRECTOR
Name	CALDERON, NATALIE
Address	330 W. 38TH ST., SUITE 1105
City-State-Zip:	NEW YORK NY

Title	COMMUNICATIONS DIRECTOR
Name	STROPE, CYNTHIA
Address	3061 MADISON RD.
City-State-Zip:	CINCINNATI OH 45209

Title	CONFERENCE DIRECTOR
Name	CHASE, CATHY
Address	9432 SOUTHERN PINE BLVD
City-State-Zip:	CHARLOTTE NC 28273

Title	PAST PRESIDENT
Name	HULL, WENDY
Address	112 N. RUBEY DRIVE
City-State-Zip:	GOLDEN CO 80403

Title	VP
Name	ALT, EMILY
Address	330 W. 38TH ST. SUITE 1105
City-State-Zip:	NEW YORK NY

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KARA ROBERTS PROGRAM ASSOCIATE 02/20/2024

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	PROGRAM ASSOCIATE
Name	ROBERTS, KARA
Address	330 W. 38TH ST. SUITE 1105
City-State-Zip:	NEW YORK NY 10018