## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT#759093**

FILED Mar 28, 2008 Secretary of State

Entity Name: SOUTH FLORIDA CALLIGRAPHY GUILD, INC.

**Current Principal Place of Business: New Principal Place of Business:** LYNN ZAKEVICH 5974 SW 59 STREET SOUTH MIAMI, FL 33143 US **New Mailing Address: Current Mailing Address:** LYNN ZAKEVICH 5974 SW 59 STREET SOUTH MIAMI, FL 33143 US FEI Number: 59-2096219 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ZAKEVICH, LYNN 5974 SW 59 ST SOUTH MIAMI, FL 33143 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete HARMELIN, BRENDA Name: Name: Address: 17000 N. BAY RD. #1414 Address: City-St-Zip: SUNNY ISLES, FL 33160 City-St-Zip: Title: Title: () Delete () Change () Addition Name: PAGE, JETTE Name: Address: 9335 WEDGEWOOD DR. Address: City-St-Zip: TAMARAC, FL 33321 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition ZAKEVICH, LYNN ZAKEVICH, LYNN Name: Name: Address: 5974 SW 59 ST Address: 5974 SW 59 ST City-St-Zip: SOUTH MIAMI, FL 33143 City-St-Zip: SOUTH MIAMI, FL 33143 Title: VΡ ( ) Delete Title: (X) Change ( ) Addition Name: KLAINBAUM, BRONICHA Name: KLAINBAUM, BRONCHA 100 BAYVIEW DR., #706 100 BAYVIEW DR., #706 Address: Address: City-St-Zip: SUNNY ISLES, FL 33160 City-St-Zip: SUNNY ISLES, FL 33160 Title: () Delete Title: () Change () Addition BOGGS, CLAUDIA Name: Name: 1151 PLOVER AVE Address: Address: City-St-Zip: MIAMI SPRINGS, FL 33166 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JETTE PAGE T 03/28/2008