

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759093

FILED
Jan 13, 2009
Secretary of State

Entity Name: SOUTH FLORIDA CALLIGRAPHY GUILD, INC.

Current Principal Place of Business:

LYNN ZAKEVICH
5974 SW 59 STREET
SOUTH MIAMI, FL 33143 US

New Principal Place of Business:

Current Mailing Address:

LYNN ZAKEVICH
5974 SW 59 STREET
SOUTH MIAMI, FL 33143 US

New Mailing Address:

FEI Number: 59-2096219

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZAKEVICH, LYNN
5974 SW 59 ST
SOUTH MIAMI, FL 33143 US

Name and Address of New Registered Agent:

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:

Title: MAL () Delete
Name: HARMELIN, BRENDA
Address: 17000 N. BAY RD. #1414
City-St-Zip: SUNNY ISLES, FL 33160

Title: T () Delete
Name: PAGE, JETTE
Address: 9335 WEDGEWOOD DR.
City-St-Zip: TAMARAC, FL 33321

Title: VP () Delete
Name: ZAKEVICH, LYNN
Address: 5974 SW 59 ST
City-St-Zip: SOUTH MIAMI, FL 33143

Title: P () Delete
Name: KLAINBAUM, BRONCHA
Address: 100 BAYVIEW DR., #706
City-St-Zip: SUNNY ISLES, FL 33160

Title: S () Delete
Name: BOGGS, CLAUDIA
Address: 1151 PLOVER AVE
City-St-Zip: MIAMI SPRINGS, FL 33166

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: MARQUEZ, MONICA
Address: 7162 SW 42 ST
City-St-Zip: MIAMI, FL 33155

Title: P (X) Change () Addition
Name: ZAKEVICH, LYNN
Address: 5974 SW 59 ST
City-St-Zip: SOUTH MIAMI, FL 33143

Title: VP (X) Change () Addition
Name: KLAINBAUM, BRONCHA
Address: 100 BAYVIEW DR., #706
City-St-Zip: SUNNY ISLES, FL 33160

Title: () Change () Addition
Name:
Address:
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: LYNN ZAKEVICH

P

01/13/2009

Electronic Signature of Signing Officer or Director

Date