

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Jul 20, 1999 8:00 am  
Secretary of State

07-20-1999 90025 043 \*\*\*\*61.25

DOCUMENT # N97000001353

1. Corporation Name

ASSOCIATION FOR THE CALLIGRAPHIC ARTS, INC.

Principal Place of Business

345 EDEN TRAIL  
LAKE MARY FL 32746

Mailing Address

345 EDEN TRAIL  
LAKE MARY FL 32746



2. Principal Place of Business

21 132 Great Rd Ste 200

Suite, Apt. #, etc.

22 Ste Suite 200

City & State

23 Stow MA

Zip

24 01775

Country

25 USA

2a. Mailing Address

26 132 Great Rd

Suite, Apt. #, etc.

27 Suite 200

City & State

28 Stow MA

Zip

29 01775

Country

30 USA

3. Date Incorporated or Qualified

03/11/1997

4. FEI Number

59-3431492

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

FINK, JOANNE C  
345 EDEN TRAIL  
LAKE MARY FL 32746

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME BINDER, ANNE  
STREET ADDRESS 1223 WOODWARD  
CITY-ST-ZIP SOUTH BEND IN 46616

TITLE SD ☐ DELETE

NAME MICHAELS, AIMEE  
STREET ADDRESS 196 LASELL STREET  
CITY-ST-ZIP WEST ROXBURY MA 02132

TITLE D ☐ DELETE

NAME FINK, JOANNE  
STREET ADDRESS 345 EDEN TRAIL  
CITY-ST-ZIP LAKE MARY FL 32746

TITLE ☐ DELETE

NAME Hunter, Lauren  
STREET ADDRESS 132 Great Rd, Ste 200  
CITY-ST-ZIP Stow MA 01775

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 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

7/18/99

978 461 0400

Date

Daytime Phone #

CR2E037 (5/99)