

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001353

FILED  
Apr 27, 2007  
Secretary of State

**Entity Name:** ASSOCIATION FOR THE CALLIGRAPHIC ARTS, INC.

**Current Principal Place of Business:**

26 MAIN ST  
EAST GREENWICH, RI 02818 US

**New Principal Place of Business:**

**Current Mailing Address:**

2774 COUNTRYSIDE BLVD. #2  
CLEARWATER, FL 33761 36

**New Mailing Address:**

**FEI Number:** 59-3431492      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LANE, ARLENE  
2774 COUNTRYSIDE BLVD.#2  
CLEARWATER, FL 33761 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: P ( ) Delete  
Name: MERRELL, JAON  
Address: 2312 ALLISON DRIVE  
City-St-Zip: JEFFERSON CITY, MI 65109

Title: T ( ) Delete  
Name: LANE, ARLENE  
Address: 2774 COUNTRYSIDE BBLVD #2  
City-St-Zip: CLEARWATER, FL 33761 US

Title: ED ( ) Delete  
Name: JANE, PARILLO  
Address: 26 MIAN STREET  
City-St-Zip: EAST GREENWICH, RI 02818 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: ED (X) Change ( ) Addition  
Name: PARILLO, JANE  
Address: 26 MIAN STREET  
City-St-Zip: EAST GREENWICH, RI 02818 US

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: ARLENE LANE

T

04/27/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date