

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001353

FILED
May 02, 2008
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 ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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: PARILLO, JANE
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: T (X) Change () Addition
Name: LANE, ARLENE
Address: 2774 COUNTRYSIDE BLVD #2
City-St-Zip: CLEARWATER, FL 33761 US

Title: ED (X) Change () Addition
Name: PARILLO, JANE
Address: 26 MAIN 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

05/02/2008

Electronic Signature of Signing Officer or Director

Date