2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001353

FILED Apr 04, 2009 Secretary of State

Entity Name: ASSOCIATION FOR THE CALLIGRAPHIC ARTS INC

Entity Nan	ne: ASSOCIAT	ION FO	R THE CALLIGRAPE	11C ARTS, INC.			
Current Principal Place of Business:				New Principal Place of Business:			
26 MAIN S' EAST GRE	T EENWICH, RI 0	2818	US				
Current Mailing Address:				New Mailing Address:			
26 MAIN S' EAST GRE	T EENWICH, RI 0	2818	US				
FEI Number:	59-3431492	FEI Num	ber Applied For()	FEI Number Not App	licable ()	Certificate of Status Desired ()	
Name and	Address of Cu	ırrent R	egistered Agent:	Name and	Address of	New Registered Agent:	
FINK, JOAI 345 EDEN LAKE MAR		US					
The above in the State		ubmits th	is statement for the p	ourpose of changing i	ts registered	office or registered agent, or both,	
SIGNATUR		<u> </u>	55	_			
		-	re of Registered Age			Date	
OFFICERS AND DIRECTORS:				ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title:	` '	Delete		Title:	,	() Change ()Addition	
Name: Address:	MERRELL, JAON 2312 ALLISON D			Name: Address:	WARNAT, DEI		
City-St-Zip:	JEFFERSON CIT		109	City-St-Zip:	PELHAM, AL		
Title:	T ()	Delete		Title:	T ()	K) Change () Addition	
Name:	LANE, ARLENE			Name:	TAYLOR, CAR		
Address: City-St-Zip:	2774 COUNTRYS CLEARWATER, F			Address: City-St-Zip:		N SPRINGS CIR ITY, UT 84041 US	
Title:	ED ()	Delete		Title:	() Change () Addition	
Name:	PARILLO, JANE	_		Name:			
Address: City-St-Zip:	26 MAIN STREET EAST GREENWI		818 US	Address: City-St-Zip:			
Title:	()	Delete		Title:	SEC () Change (X) Addition	
Name:				Name:	ZORN, ALESIA		
Address: City-St-Zip:				Address: City-St-Zip:	PO BOX 1265 PORTLAND, C		
Oity-Ot-Zip.				Oity-Ot-Zip.	I OITILAND, C	N. 37212 30	

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: ALESIA ZORN SEC 04/04/2009