

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001767

FILED  
May 01, 2009  
Secretary of State

**Entity Name:** THE SIXTH DAY HOMELESS FAMILY CENTER INC.

**Current Principal Place of Business:**

2070 SW SAVAGE BLVD.  
PORT SAINT LUCIE, FL 34953

**New Principal Place of Business:**

10698 S. US #1  
PORT SAINT LUCIE, FL 34952

**Current Mailing Address:**

2070 SW SAVAGE BLVD.  
PORT SAINT LUCIE, FL 34953

**New Mailing Address:**

**FEI Number:** 26-1967910      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
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:**

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

CALHOUN, ROBERT  
2070 SW SAVAGE BLVD.  
PORT SAINT LUCIE, FL 34953      US

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: CALHOUN, GLADYS D  
Address: 2070 S.W. SAVAGE BLVD.  
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: V      ( ) Delete  
Name: CALHOUN, ROBERT  
Address: 2070 S.W. SAVAGE BLVD.  
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: T      ( ) Delete  
Name: ZOERHOF, DAVID  
Address: 1002 ORANGE AVE.  
City-St-Zip: FORT PIERCE, FL 34945

Title: T      ( ) Delete  
Name: MC GLINN, BARBARA  
Address: 340 SUNSET DR., APT. #1008  
City-St-Zip: FT. LAUDERDALE, FL 33301

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

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

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

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

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: GLADYS D. CALHOUN

P

05/01/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date