

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001767

FILED  
Feb 23, 2010  
Secretary of State

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**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 ( )**

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

SCOTT, PATRICIA  
175 SW GETTYSBURG DR.  
PORT SAINT LUCIE, FL 34953 US

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

CALHOUN, ROBERT J RA  
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: ROBERT JAMES CALHOUN

02/23/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

Title: S  
Name: SCOTT, PATRICIA  
Address: 175 SW GETTYSBURG DR.  
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: D  
Name: BUCHANAN, DOUGLAS EXEC  
Address: 1634 SE CLEAMOUNT STREET  
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: P  
Name: BUCHANAN, DOUGLAS PASTOR  
Address: 1634 SE CLEAMOUNT STREET  
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: E  
Name: PENNEY, TERI  
Address: 1263 S W CEDAR COVE  
City-St-Zip: PORT ST LUCIE, FL 34953

I hereby 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 all other like empowered.

SIGNATURE: ROBERT JAMES CALHOUN

V

02/23/2010

Electronic Signature of Signing Officer or Director

Date