

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N96000000956

1. Corporation Name

CALHOUN STREET DOWNTOWN BABIES, INC.

Principal Place of Business

303 E. JEFFERSON ST.  
TALLAHASSEE FL 32301

Mailing Address

303 E. JEFFERSON ST.  
TALLAHASSEE FL 32301

FILED

92 JUN 16 PM 12:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



02-25-99 90007-018 361.25

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

25

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

3. Date Incorporated or Qualified

02/21/1996

4. FEI Number

59-3392017

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

DAUGHTON, MAUREEN M  
NABORS, GIBUN & NICKERSON, P.A.  
315 S. CALHOUN STREET, SUITE 800  
TALLAHASSEE FL 32301

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME MULDEON, RENEE  
STREET ADDRESS 315 S. CALHOUN STREET - LOBBY LEVEL  
CITY-ST-ZIP TALLAHASSEE FL 32301

1.1 TITLE ☐ Change ☐ Add:

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE STD ☐ DELETE

NAME NABORS, ROBERT L  
STREET ADDRESS 4504 ROCKBRIDGE HOLLOW  
CITY-ST-ZIP TALLAHASSEE FL 32308

2.1 TITLE ☐ Change ☐ Add:

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME LEKAUF, NANCY  
STREET ADDRESS 315 S. CALHOUN STREET #712  
CITY-ST-ZIP TALLAHASSEE FL 32301

3.1 TITLE ☐ Change ☐ Add:

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE Jim Daughton ☐ DELETE

NAME 315 S Calhoun St #600  
STREET ADDRESS Tallahassee Fl 32301  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Add:

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Add:

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Add:

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert L Nabors

Date

234-0003