

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000956

FILED
Apr 24, 2008
Secretary of State

Entity Name: CALHOUN STREET DOWNTOWN BABIES, INC.

Current Principal Place of Business:

303 E. JEFFERSON ST.
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

303 E. JEFFERSON ST.
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 59-3392017

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NABORS, JOAN
4504 ROCKBRIDGE HOLLOW
TALLAHASSEE, FL 32308 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: PD () Delete
Name: DOUGHTY, TOM
Address: 8087 EVENCY STAR LA
City-St-Zip: TALLAHASSEE, FL 32312

Title: M () Delete
Name: NABORS, ROBERT L
Address: 4504 ROCKBRIDGE HOLLOW
City-St-Zip: TALLAHASSEE, FL 32308

Title: STD () Delete
Name: GARLAND, KELLY
Address: 604 PIEDMONT DR
City-St-Zip: TALLAHASSEE, FL 32312

Title: M () Delete
Name: DEMPSEY, HAYDEN
Address: 101 E. COLLEGE AVE
City-St-Zip: TALLAHASSEE, FL 32301

Title: M () Delete
Name: ZUBALY, AMY
Address: 6352 GLASGOW TRAIL
City-St-Zip: TALLAHASSEE, FL 32312

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: STD (X) Change () Addition
Name: COFFIELD, WANDA
Address: 201 S. MONROE STREET
City-St-Zip: TALLAHASSEE, FL 32301

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

Title: M (X) Change () Addition
Name: WINEGARDNER, JENNIFER
Address: 2732 EVERETT LANE
City-St-Zip: TALLAHASSEE, FL 32308

Title: STD () Change (X) Addition
Name: ROLLINI, GIGI
Address: 315 S. CALHOUN STREET
City-St-Zip: TALLAHASSEE, FL 32301

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: ROBERT NABORS

M

04/24/2008

Electronic Signature of Signing Officer or Director

Date