

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000956

FILED  
Apr 10, 2009  
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 EVENY 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: COFFIELD, WANDA  
Address: 201 S. MONROE STREET  
City-St-Zip: TALLAHASSEE, FL 32301

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

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

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

**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:

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: TOM DOUGHTY

PD

04/10/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date