

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001425

FILED
Jan 15, 2009
Secretary of State

Entity Name: ROBIN HOOD COUNCIL, INC.

Current Principal Place of Business:

1048 S. OCEAN BLVD
PALM BEACH, FL 33480

New Principal Place of Business:

Current Mailing Address:

1048 S. OCEAN BLVD
PALM BEACH, FL 33480

New Mailing Address:

FEI Number: 03-0405251

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BACINICH, TODD G
1048 S. OCEAN BLVD
PALM BEACH, FL 33480 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: D () Delete
Name: BACINICH, MARK SECR
Address: 1048 S. OCEAN BLVD
City-St-Zip: PALM BEACH, FL 33480 US

Title: D () Delete
Name: BACINICH, TODD PRES
Address: 1048 S. OCEAN BLVD
City-St-Zip: PALM BEACH, FL 33480 US

Title: D () Delete
Name: POWELL, JASON DIR
Address: 1006 WARREN STREET
City-St-Zip: NASHVILLE, TN 37208 US

Title: D () Delete
Name: PHILLIPS, MIKE DIR
Address: 537 S. SEQUOIA DR. #201
City-St-Zip: WEST PALM BEACH, FL 33409 US

Title: D () Delete
Name: JENSEN, BRYAN DIR
Address: 876 HOLLANDSWORTH AVENUE
City-St-Zip: LAS VEGAS, NV 89123 US

Title: D () Delete
Name: BRUDER, CHASE DIR
Address: 1701 S FLAGLER DR
City-St-Zip: WEST PALM BEACH, FL 33401

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: TODD BACINICH

PRES

01/15/2009

Electronic Signature of Signing Officer or Director

Date