2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001425

PHILLIPS, MIKE DIR

537 S. SEQUOIA DR. #201

WEST PALM BEACH, FL 33409 US

Name:

Address:

City-St-Zip:

FILED Jan 28, 2005 Secretary of State

Entity Na	me: ROBIN H	OOD COUNCIL, INC.		•	
Current Principal Place of Business:			New Principal Place o	of Business:	
	CEAN BLVD ACH, FL 33480)			
Current Mailing Address:			New Mailing Address	::	
	CEAN BLVD ACH, FL 33480)			
FEI Number	: 03-0405251	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
	I, TODD G CEAN BLVD ACH, FL 33480) US			
The above in the State	named entity s of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATU	RE:				
	Electron	ic Signature of Registered Age	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D () BACINICH, MAF 1048 S. OCEAN PALM BEACH,	I BLVD	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D () BACINICH, TOI 1048 S. OCEAN PALM BEACH,	I BLVD	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	POWELL, JASC	ION AVE. APT. A	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title:	D ()	Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Name:

Address:

City-St-Zip:

SIGNATURE: TODD BACINICH **PRES** 01/28/2005