

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003006

FILED
May 02, 2005
Secretary of State

Entity Name: THE ROBERT'S HOLLYWOOD CENTER FOR ALCOHOLICS, INC.

Current Principal Place of Business:

9075 8TH AVE.
JACKSONVILLE, FL 32208

New Principal Place of Business:

P O BOX 47434
JACKSONVILLE, FL 32247

Current Mailing Address:

9075 8TH AVE.
JACKSONVILLE, FL 32208

New Mailing Address:

P O BOX 47434
JACKSONVILLE, FL 32247

FEI Number: 56-2348812 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

NEWELL, MARTHENIA
9075 8TH AVE.
JACKSONVILLE, FL 32208 US

Name and Address of New Registered Agent:

NEWELL, MARTHENIA
P O BOX 47434
JACKSONVILLE, FL 32247 US

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: _____

05/02/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: NEWELL, MARTHENIA
Address: 9075 8TH AVE.
City-St-Zip: JACKSONVILLE, FL 32208

Title: D () Delete
Name: CANNADY, RONLINE J
Address: P.O. BOX 47434
City-St-Zip: JACKSONVILLE, FL 32247

Title: D () Delete
Name: GILLIARD, HENRY
Address: 617 W. 44TH ST.
City-St-Zip: JACKSONVILLE, FL 32209

Title: D () Delete
Name: CANNADY, ROBERT
Address: P O BOX 47434
City-St-Zip: JACKSONVILLE, FL 32247

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: NEWELL, MARTHENIA
Address: P O BOX 47434
City-St-Zip: JACKSONVILLE, FL 32247

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 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.

SIGNATURE: RONLINE CANNADY

SD

05/02/2005

Electronic Signature of Signing Officer or Director

Date