

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 30, 2004  
Secretary of State**

DOCUMENT# N03000003982

Entity Name: OPERATION: TEENS FOR OUR TROOPS, INC.

**Current Principal Place of Business:**

7512 THELMA WAY  
ORLANDO, FL 32822

**New Principal Place of Business:**

**Current Mailing Address:**

7512 THELMA WAY  
ORLANDO, FL 32822

**New Mailing Address:**

FEI Number: 03-0516888      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ZEMAN-SCOTT, DIANA  
7512 THELMA WAY  
ORLANDO, FL 32822

**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: ZEMAN-SCOTT, DIANA  
Address: 7512 THELMA WAY  
City-St-Zip: ORLANDO, FL 32822

Title: D      ( ) Delete  
Name: BRITT, RAYMOND K  
Address: 7512 THELMA WAY  
City-St-Zip: ORLANDO, FL 32822

Title: D      ( ) Delete  
Name: HOLLYFIELD, CHRISND K  
Address: 1 S ORANGE AVE  
City-St-Zip: ORLANDO, FL 32801

Title: D      ( ) Delete  
Name: FOLSTON-SCOTT, LANE  
Address: 7512 THELMA WAY  
City-St-Zip: ORLANDO, FL 32822

Title: D      ( ) Delete  
Name: FOLSTON-SCOTT, ADAM  
Address: 7512 THELMA WAY  
City-St-Zip: ORLANDO, FL 32822

**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:

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: DIANA SCOTT

ADV

01/30/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date