

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 09, 2005 8:00 am**  
**Secretary of State**

09-09-2005 90033 019 \*\*\*\*61.25

<b>DOCUMENT # N02000004229</b> 1. Entity Name <b>TEENS ON THE GREENS FOUNDATION, INC.</b>					
Principal Place of Business <b>15016 SW 22 STREET MIRAMAR, FL</b>			Mailing Address <b>15016 SW 22 STREET MIRAMAR, FL</b>		
2. Principal Place of Business <b>890 SOUTH DIXIE HWY</b> Suite, Apt. #, etc.		3. Mailing Address <b>P.O. BOX 81849</b> Suite, Apt. #, etc.		<b>50066130</b> 	
City & State <b>CORAL GABLES FL</b>		City & State <b>CONYERS GA</b>		4. FEI Number <b>46-0492094</b>	
Zip <b>33146</b>		Country <b>U.S.</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ROKER, RENAULD E 15016 SW 22 STREET MIRAMAR, FL 33027</b>		7. Name and Address of New Registered Agent Name <b>RENAULD E. ROKER / KRAMER &amp; ASSOC PA</b> Street Address (P.O. Box Number is Not Acceptable) <b>890 SOUTH DIXIE HIGHWAY</b> City <b>CORAL GABLES FL</b> Zip Code <b>33146</b>			
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE <b>9.6.05</b> <small>Signature of registered agent or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROKER, RENAULD E 15016 SW 22 STREET MIRAMAR, FL 33027	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROKER, RENAULD E P.O. BOX 81849 CONYERS, GA 30013	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FINLEY, MARVIN 4701 KENISTON LOS ANGELES, CA 90043	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANDRA JOLY P.O. BOX 81849 CONYERS, GA 30013	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>9.6.05</b> Daytime Phone # <b>783 382 8336</b>		