

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

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90028 012 ****70.00

DOCUMENT # N02000008589

1. Entity Name
THE BEARS OF SOUTH FLORIDA, INC.



Principal Place of Business
1170 NORTH FEDERAL HIGHWAY
#401
FORT LAUDERDALE, FL 33304-1401

Mailing Address
P.O. BOX 24171
FORT LAUDERDALE, FL 33307

DO NOT WRITE IN THIS SPACE



04152004 No Chg-NP CR2E037 (10/03)

4. FEI Number
73-1649668

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WARD, WILLIAM R
1170 NORTH FEDERAL HIGHWAY
#401
FORT LAUDERDALE, FL 33304-1401

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WARD, WILLIAM R 1170 NORTH FEDERAL HIGHWAY #401 FORT LAUDERDALE, FL 333041401	D
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MARTINEZ, GUY 5210 NW 22ND AVENUE OAKLAND PARK, FL 33309	D
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCOTT, JOE 401 SE 18TH COURT #6 FORT LAUDERDALE, FL 33316	D
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

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IN THIS SPACE**

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.

SIGNATURE:

William R Ward, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William R WARD

Date

4-11-04

Daytime Phone #

954-766-8811