

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008589

FILED
Apr 30, 2007
Secretary of State

Entity Name: THE BEARS OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

1170 NORTH FEDERAL HIGHWAY
#401
FORT LAUDERDALE, FL 333041401

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 24171
FORT LAUDERDALE, FL 33307

New Mailing Address:

1170 NORTH FEDERAL HIGHWAY
#401
FORT LAUDERDALE, FL 33304

FEI Number: 73-1649668

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WARD, WILLIAM R
1170 NORTH FEDERAL HIGHWAY
#401
FORT LAUDERDALE, FL 333041401 US

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: P () Delete
Name: WARD, WILLIAM R
Address: 1170 N FEDERAL HIGHWAY #401
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: VP () Delete
Name: SCOTT, JOSEPH
Address: 401 SE 18TH COURT #6
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: T () Delete
Name: GREENE, RANDY
Address: 172 ORANGE DRIVE
City-St-Zip: BOYNTON BEACH, FL 33436

Title: S () Delete
Name: KRAMP, JIMMY D
Address: 115 SOUTH C STREET #204
City-St-Zip: LAKE WORTH, FL 33460

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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: WILLIAM R WARD

P

04/30/2007

Electronic Signature of Signing Officer or Director

Date