2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2006
Secretary of State

DOCUMENT# N02000004319

Entity Name: THE BEAR FAMILY FOUNDATION, INC.

Current Principal Place of Business:

6120 ENTERPRISE DRIVE
PENSACOLA, FL 32505

New Principal Place of Business:

Current Mailing Address:

6120 ENTERPRISE DRIVE
PENSACOLA, FL 32505

New Mailing Address:

FEI Number: 75-3064392 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BEAR, LEWIS JR
6120 ENTERPRISE DRIVE
PENSACOLA, FL 32505 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: CT ( ) Delete
Name: BEAR, LEWIS JR
Address: 72 HIGHPOINT DR
City-St-Zip: GULF BREEZE, FL 325614041

Title: VCT ( ) Delete
Name: BEAR, BELLE Y
Address: 72 HIGHPOINT DR
City-St-Zip: GULF BREEZE, FL 325614041

Title: ST ( ) Delete
Name: BEAR, CINDI B
Address: 2871 INVERNESS CT
City-St-Zip: PENSACOLA, FL 325035030

Title: TT ( ) Delete
Name: BEAR, LEWIS III
Address: 4045 CONNELL DRIVE
City-St-Zip: PENSACOLA, FL 32503

Title: STT ( ) Delete
Name: BEAR, DAVID M
Address: 885 TANGLEWOOD DRIVE
City-St-Zip: PENSACOLA, FL 32503

Title: T ( ) Delete
Name: BONNER, JOSEPH C
Address: 2871 INVERNESS CT
City-St-Zip: PRNSACOLA, FL 325035030

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:

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 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: STEPHEN E. COX CFO 01/26/2006

Electronic Signature of Signing Officer or Director — Date