

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004319

FILED  
Jan 16, 2009  
Secretary of State

**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 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

01/16/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date