

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 18, 2007 08:00 AM  
Secretary of State**

**DOCUMENT # N03000006764**

**1. Entity Name  
S.E.A.R. FOUNDATION INC**



**Principal Place of Business  
3497 HIGH RIDGE RD  
LAKE WORTH, FL 33463**

**Mailing Address  
6093 STRAWBERRY FIELDS WAY  
LAKE WORTH, FL 33463**



**01032007 No Chg-NP CR2E037 (4/06)**

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number  
20-0138246**

**Applied For  
Not Applicable**

**5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**ROSS, EDWIN  
6093 STRAWBERRY FIELDS WAY  
LAKE WORTH, FL 33463**

**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 re-registering)

**1100000550056**

**01/19/07-80046-018 51.25**

**Filing Fee is \$61.25  
Due by May 1, 2007**

**9. Election Campaign Financing  
Trust Fund Contribution. ☐**

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE P  
NAME ROSS, EDWIN  
STREET ADDRESS 6093 STRAWBERRY FIELDS WAY  
CITY-ST-ZIP LAKE WORTH, FL 33463**

**TITLE VP  
NAME ROSS, SHELIA  
STREET ADDRESS 6093 STRAWBERRY FIELDS WAY  
CITY-ST-ZIP LAKE WORTH, FL 33463**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**DO NOT WRITE  
IN THIS SPACE**

**12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/11/07**

**561577-7913**