2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2009
Secretary of State

DOCUMENT# N06000005939

Entity Name: SUGARBEAR FOUNDATION INC.

Current Principal Place of Business:

1044 WONDERWOOD COURT
PENSACOLA, FL 32514

New Principal Place of Business:

Current Mailing Address:

PO BOX 804
GONZALEZ, FL 32560

New Mailing Address:

FEI Number: 20-4986379 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NICHOLSON, DIANE
727 CRICKET CIRCLE
CANTONMENT, FL 32533 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:	D	( ) Delete
Name:	MYRICK, ROBERT B	
Address:	1044 WONDERWOOD COURT	
City-St-Zip:	PENSACOLA, FL 32514	
Title:	D	( ) Delete
Name:	LEWELLYN, MARK V	
Address:	6200 HWY 393	
City-St-Zip:	CRESTVIEW, FL 32539	
Title:	D	( ) Delete
Name:	GLASS, ADAM	
Address:	4385 WHITE ASH RD	
City-St-Zip:	MOLINO, FL 32577	
Title:	D	( ) Delete
Name:	NICHOLSON, DIANE	
Address:	727 CRICKET CIRCLE	
City-St-Zip:	CANTONMENT, FL 32533	
Title:	D	( ) Delete
Name:	CRUTCHFILED, JOYCE	
Address:	891 GRAHAM RD	
City-St-Zip:	PENSACOLA, FL 32514	
Title:	D	( ) Delete
Name:	MYRICK, TERESA A	
Address:	1044 WONDERWOOD COURT	
City-St-Zip:	PENSACOLA, FL 32514	

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: TERESA MYRICK SEC 04/11/2009

Electronic Signature of Signing Officer or Director — Date