

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000009963

FILED  
Mar 26, 2010  
Secretary of State

**Entity Name:** BEARS WHO CARE, INCORPORATED

**Current Principal Place of Business:**

555 CAMPUS STREET  
CELEBRATION, FL 34747

**New Principal Place of Business:**

**Current Mailing Address:**

555 CAMPUS STREET  
CELEBRATION, FL 34747

**New Mailing Address:**

**FEI Number:** 27-1277339

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BUSINESS FILINGS INCORPORATED  
1203 GOVERNOR'S SQUARE BLVD  
SUITE 101  
TALLAHASSEE, FL 323012960 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:** DP  
**Name:** SCHMITZ, KARI  
**Address:** 555 CAMPUS STREET  
**City-St-Zip:** CELEBRATION, FL 34747

**Title:** DVP  
**Name:** SCHMITZ, TAD  
**Address:** 555 CAMPUS STREET  
**City-St-Zip:** CELEBRATION, FL 34747

**Title:** D  
**Name:** SCHMITZ, JOSEPH  
**Address:** 413 EDGEWATER DR  
**City-St-Zip:** MORRIS, IL 60450

I hereby 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 all other like empowered.

**SIGNATURE:** KARI K SCHMITZ

DP

03/26/2010

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

\_\_\_\_\_  
Date