2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2012
Secretary of State

DOCUMENT# N09000009963

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
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 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 02/23/2012

Electronic Signature of Signing Officer or Director Date