

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.2

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

FILED
Oct 16 1998 8:00am
Secretary of State

DOCUMENT # N96000005838 (5)

1. Corporation Name

THE BEAR FOUNDATION, INC.



Principal Place of Business

Mailing Address

100 LAMPLIGHTER LANE
PONTE VEDRA BEACH FL 32082

100 LAMPLIGHTER LANE
PONTE VEDRA BEACH FL 32082

3. Date Incorporated or Qualified

11/15/1996

4. FEI Number

59-3413506 - correct

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

TABOR-MIOLLA, FRANCESCA
100 LAMPLIGHTER LANE
PONTE VEDRA BEACH FL 32082

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
D
TABOR-MIOLLA,
100 LAMPLIGHTER LANE
PONTE VEDRA BEACH FL 32082

TITLE ☒ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
D
MACHA, RACHEL
208 LAMPLIGHTER LANE
PONTE VEDRA BEACH FL 32082

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
D
KOREN, NICOLE address change
13128 CHET'S CREEK, NORTH 1668 Osceola Street
JACKSONVILLE FL 32224 Jacksonville FL 32204

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
D
Kin Cooper
13625 S. Capistrano Dr.
Jacksonville, FL 32204

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
D
Kin Cooper
13625 S. Capistrano Dr.
Jacksonville, FL 32204

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
D
Kin Cooper
13625 S. Capistrano Dr.
Jacksonville, FL 32204

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
Legal Council
Arlin meadows
1554 Palm Avenue
Jacksonville, FL 32207

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
Darken Sullivan
(education outreach)
110 Bermuda Court
Ponte vedra FL 32082

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
Feral Cat Rescue
Lee Conway
7460 Founders way
Ponte vedra FL 32082

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
Financial Council
Kin Cooper
13625 S. Capistrano Dr.
Jacksonville, FL 32204

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
D
Kin Cooper
13625 S. Capistrano Dr.
Jacksonville, FL 32204

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
D
Kin Cooper
13625 S. Capistrano Dr.
Jacksonville, FL 32204

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/98)