


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 03, 1999 8:00 am**  
**Secretary of State**

03-03-1999 90097 013 \*\*\*\*61.25

0001348

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
---	---	--

**DOCUMENT # N96000005838**

1. Corporation Name

**THE BEAR FOUNDATION, INC.**

Principal Place of Business  
**100 LAMPLIGHTER LANE  
PONTE VEDRA BEACH FL 32082**

Mailing Address  
**100 LAMPLIGHTER LANE  
PONTE VEDRA BEACH FL 32082**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>11/15/1996</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-3413506</b>	
22	City & State	27	City & State	Applied For <input type="checkbox"/> Not Applicable	
23	Zip	28	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24	Country	29	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	

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
85	Zip Code

**FL**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>TABOR-MIOLLA,</b>	1.2 NAME	<b>Benson, Sharon</b>
STREET ADDRESS	<b>100 LAMPLIGHTER LANE</b>	1.3 STREET ADDRESS	<b>109 Lantern Wick</b>
CITY-ST-ZIP	<b>PONTE VEDRA BEACH FL 32082</b>	1.4 CITY-ST-ZIP	<b>Ponte Vedra Beach, FL 32082</b>
TITLE	LC <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>Veterinary Counsel</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MEADOWS, ANN</b>	2.2 NAME	<b>Dr. William Daniel</b>
STREET ADDRESS	<b>1554 PALM AVENUE</b>	2.3 STREET ADDRESS	<b>937 Beach Blvd.</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32207</b>	2.4 CITY-ST-ZIP	<b>Jax Beach, FL 32250</b>
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>P/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KOREN, NICOLE</b>	3.2 NAME	<b>Tabor-Miolla, Francesca</b>
STREET ADDRESS	<b>13126 CHET'S CREEK, NORTH</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32224</b>	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<b>T/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COOPER, KIM</b>	4.2 NAME	<b>Kim Cooper</b>
STREET ADDRESS	<b>13625 SOUTH CAPISTANO DRIVE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32204</b>	4.4 CITY-ST-ZIP	
TITLE	EO <input type="checkbox"/> DELETE	5.1 TITLE	<b>Corporate Funding / D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SULLIVAN, DARLEEN</b>	5.2 NAME	<b>Sullivan, Darleen</b>
STREET ADDRESS	<b>110 BERMUDA COURT</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PONTE VEDRA FL 32082</b>	5.4 CITY-ST-ZIP	
TITLE	FCR <input type="checkbox"/> DELETE	6.1 TITLE	<b>FCR / D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CONWAY, LEE</b>	6.2 NAME	<b>Conway, Lee</b>
STREET ADDRESS	<b>7460 FOUNDERS WAY</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PONTE VEDRA FL 32082</b>	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

**Kim Cooper**

**1/16/99**

**(904) 443-3375**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)