

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 25, 2004 8:00 am**  
**Secretary of State**

03-25-2004 90023 050 \*\*\*\*61.25

**DOCUMENT # N97000001487**

1. Entity Name

SOJOURN BEAR, INC.



Principal Place of Business

239 NAUTILUS WAY  
TREASURE ISLAND FL 33706

Mailing Address

239 NAUTILUS WAY  
TREASURE ISLAND FL 33706

2. Principal Place of Business

13622 87 AVE N

Suite, Apt. #, etc.

3. Mailing Address

13622 87 AVE N

Suite, Apt. #, etc.



MOORE

CR2E037 (11/03)

City & State

Seminole FL

Zip  
33776

Country

Pinellas

City & State

FL, Seminole

Zip

US

Country

US

4. FEI Number

31-1469226

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

BURLEW, JAN S  
239 NAUTILUS WAY  
TREASURE ISLAND FL 33706

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
BURLEW, JAN S  
239 NAUTILUS WAY  
TREASURE ISLAND FL 33706

TITLE ☒ Delete

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
TD  
FRAPPIER, MARTHA  
5330 SPRINGWOOD BLVD  
PINELLAS PARK FL 33782

TITLE ☒ Delete

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
SD  
COLEGROVE, LES  
18802 CRESCENT RD  
ODESSA FL 33556

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☒ Addition

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
TD  
MARY DALMER  
11226 82 AVE # 301  
SEMINOLE FL 33722

TITLE ☐ Change ☒ Addition

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
SD  
SCHWARTZ, NANCY  
4155 10 ST. NE  
ST Petersburg, FL 33703

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY - ST - ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-19-04 727-481-9782