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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N97000002676

1. Corporation Name
TEDI BEAR ADOPTIONS INC.

Principal Place of Business: 259 NORTH ROSCOE BLVD. PONTE VEDRA BEACH FL 32082
 Mailing Address: 226-5 SOLANA ROAD SUITE 204 PONTE VEDRA BEACH FL 32082



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		05/12/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3448329	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
LEDDA, JAMES MAIL MASTERS 226-5 SOLANA ROAD PONTE VEDRA BEACH FL 32082				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOURLAND, TODD		1.2 NAME		
STREET ADDRESS	2708 POINSETTIA AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIDDLEBURG FL 32068		1.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HEDSTROM, TEDI M		2.2 NAME		
STREET ADDRESS	259 N ROSCOE BLVD		2.3 STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA BCH FL 32082		2.4 CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KENNEDY, GLORIA		3.2 NAME		
STREET ADDRESS	714 OLD HICKORY RD		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32207		3.4 CITY-ST-ZIP		
TITLE	President	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Mary Condit		4.2 NAME		
STREET ADDRESS	15 Talper Road East		4.3 STREET ADDRESS		
CITY-ST-ZIP	Route		4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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: *Jedd Ledda*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2ED37 (1/98)

**Tedi Bear Adoptions Board of Directors
(As of 4/15/98)**

N 97000002676
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Name	Address	Phone	Date of Membership	Term
Mary Condit President	15 Tarpon Road East Ponte Vedra Beach, FL 32082	(904) 285-8018 (home) (904) 797-7156 (work)	11/98	1 year
Dr. Ron Carzoli Vice-President	148 Indian Hammock Lane Ponte Vedra Beach, FL 32082	(904) 273-5370 (home) (904) 818-9790 (beeper)	5/97	1 year
Randy Deen Treasurer	4560 Harbour Ct. Jacksonville, FL 32225-1079	(904) 642-4464	11/98	1 year
Lisa March Secretary	226-5 Solano Road, Suite 197 Ponte Vedra Beach, FL 32082	(904) 273-5247 (work)	11/98	1 year
Tedi M. Hedstrom Executive Director	259 N. Roscoe Blvd. Ponte Vedra Bch, FL 32082	(904) 280-0061 (work) (904) 273-9296 (home)	5/97	1 year
Vicki Brown Member at Large	1609 Seabreeze Avenue Jacksonville Beach, FL 32250	(904) 249-5995	11/98	1 year
Leon Piphon Member at Large	1316 Neptune Grove D.W. Neptune Beach, FL 32266	(904) 571-6999	5/97	1 year
Angie Cleary Member at Large	213 Pink Ibis Ct. Ponte Vedra Beach, FL 32082	(904) 285-5279	11/98	1 year
Paige Moore Member at Large	2201 East Road Jacksonville, FL 32216	(904) 724-7823	11/98	1 year
Trish McCrary Member at Large	2015 Visconti Drive Jacksonville, FL 32211	(904) 724-9052	11/98	1 year
Donnie Hedstrom Member at Large	259 N. Roscoe Blvd. Ponte Vedra Beach, FL 32082	(904) 273-9296	11/98	1 year