## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Mar 17 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # N9600001026 (1) 1. Corporation Name

THE BATES FOUNDATION, INC.

Principal Place of Business	Mailing Addre	SS					III <b>Ja</b> il 41	( <b>3</b> 811) 1861
2165 - 13TH AVENUE S.W. LARGO FL 34640-4749	2165 - 13TH AV LARGO FL 3377							
				<b>3</b> . Da	ate Incorporated or Qualified 02/23/1996	3a. Date o	of Last Re	port
2. Principal Place of Business	2a. Mailing Ad	dress			I Number			lied For
Suite, Apt. #, etc.	26 Suite, Apt.	# otc			Applied for		Not	Applicable
22	27	#, C.C.		<b>5</b> . Ce	ertificate of Status Desired	□ *	Fee Red	
City & State	City & Stati	9		l l	ection Campaign Financing ust Fund Contribution		\$5.00 Added to	, ,
<b>Žip</b> Cour		Cou	intry		nis corporation has liability for	intangible tax	under s.	
24 25	29	30	<del>,</del>			Yes X N		
9, Name and Add	iress of Current Registered Agent	1	81 Nam		ame and Address of New Re	gistered Age	nt	
			81 Nam	a 				
SCHULER, TIMOTHY C			82 Street Address (P.O. Box Number is Not Acceptable)					
7843 SEMINOLE BLVD. SEMINOLE FL 34642			83	<del></del>				
SEMINOLE PL 34042					<del></del>	1-	<u> </u>	1-
			84 City			FL  8	5 Zip C	oae
11. Pursuant to the provisions of Se office or registered agent, or bo agent. I am familiar with, and ac	ections 617.0502 and 617.1508, Flo oth, in the State of Florida. Such cha accept the obligations of, Section 61	ange was authorize	d by the co	d corporation s rporation's boa	ubmits this statement for the part of directors. I hereby acception	ourpose of cha pt the appoint	anging its ment as r	registered agistered
SIGNATURE								
***************************************	ame of registered agant and title if applicable.  OFFICERS AND DIRECTORS	(NOTE: Hegistere	d Agent signali	re required when rein	DITIONS/CHANGES TO OFFIC	DATE CERS AND DIF	RECTORS	IN 12
TITLE PD		DELETE 1.1 TI	TLE	1			Change	Addition
NAME BATES, DAVID R	}	1.2 N	AME					
STREET ADDRESS 2165 - 13TH AVE	enue S.W.		TREET ADDRESS	;				
CITY-ST-ZIP LARGO FL 34644			ITY-ST-ZIP		33770-4	クリタ		I
TITLE VD	_	DELETE 2.1 TO		<b>}</b>				
NAME BATES, SALLY G	3	2.2 N		<b> </b>		[2	<del>Châ</del> nge	☐ Addition
STREET ADDRESS   2165 - 13TH AVE	CLU (C. A. LL)			:		<b>Z</b>	enange	Addition
	ENUE S.W.		treet address		23970-6	_	<del>C</del> nange	Addition
CITY-ST-ZIP LARGO FL 8484	04749 33770~4	749 2.40	treet address City-St-Zip		33970-4	_	Change Change	Addition
CITY-ST-ZIP LARGO FL 3464	<del>64749 33770~</del> 4		treet address Dity-St-Zip Itle		33770-4	_	enange enange	
CITY-ST-ZIP LARGO FL 34644 TITLE ST NAME SMARIDGE, RON	<del>04749 33<i>720 ~ C,</i></del> NDA G	2.40 DELETE 3.1 TI 3.2 N	treet address Dity-St-Zip Itle			1749	- <del>Cha</del> nge	
CITY-ST-ZIP LARGO FL 34640 TITLE ST NAME SMARIDGE, RON	<del>0*4</del> 749 33 <i>720 ~ C<sub>1</sub></i> NDA G EW AVENUE	2.40 DELETE 3.1 TI 3.2 N 3.3 S	treet address Dity-St-Zip TLE Ame			1749	- <del>Cha</del> nge	
CITY-ST-ZIP LARGO FL 34640  TITLE ST  NAME SMARIDGE, RON  STREET ADDRESS 103 ORANGEVIE	<del>0*4</del> 749 33720 ~ € NDA G EW AVENUE EL 34615	2.40 DELETE 3.1 TI 3.2 N 3.3 S	TREET ADDRESS DITY-ST-ZIP TLE AME TREET ADDRESS DITY-ST-ZIP		33770-4 O FAIRWAA ARWATER FL.	1749	- <del>Cha</del> nge	
CITY-ST-ZIP LARGO FL 3464  TITLE ST  NAME SMARIDGE, RON  STREET ADDRESS 103 ORANGEVIE  CITY-ST-ZIP CLEARWATER FI  TITLE D  NAME LEWIS, ERNEST	0-4749 33720 ~ C □ NDA G EW AVENUE (L 34615	1749 2.40 DELETE 3.171 32 N 33 S 34.0	treet address Dity-St-Zip Tile Ame Treet address Dity-St-Zip Tile			1749	- <del>Cha</del> nge	Addition
CITY-ST-ZIP LARGO FL 3464  TITLE ST  NAME SMARIDGE, RON  STREET ADDRESS 103 ORANGEVIE  CLEARWATER FI  TITLE D  LEWIS, ERNEST  STREET ADDRESS 1875 NURSERY	64749 33720 ~ G NDA G EW AVENUE 61 34615 □	DELETE 3.171 32 N 33 S 34 C DELETE 4.171 4.28	treet address Dity-St-Zip Tile Ame Treet address Dity-St-Zip Tile	3 cd =		1749	- <del>Cha</del> nge	Addition
CITY-ST-ZIP LARGO FL 3464  TITLE ST  NAME SMARIDGE, RON  103 ORANGEVIE  CITY-ST-ZIP CLEARWATER FI  D  NAME  STREET ADDRESS  CITY-ST-ZIP  LEWIS, ERNEST  1875 NURSERY  CLEARWATER FI	6-4749 33720 ~ G NDA G EW AVENUE 12 34615 □ ROAD 12 33424	DELETE 3.1 TI 3.2 N 3.3 S 3.4. C DELETE 4.1 TI 4.2 N 4.3 S 4.4 C	TREET ADDRESS DITY-ST-ZIP TILE AME TREET ADDRESS DITY-ST-ZIP TILE JAME TREET ADDRESS JAME TREET ADDRESS	3 cd =		1249 BV- #1 346	enange 106 19 Change	Addition
CITY-ST-ZIP LARGO FL 3464  TITLE ST  NAME SMARIDGE, RON  103 ORANGEVIE  CITY-ST-ZIP CLEARWATER FI  D  NAME LEWIS, ERNEST  1875 NURSERY  CITY-ST-ZIP CLEARWATER FI  TITLE	6-4749 33720 ~ G NDA G EW AVENUE 12 34615 □ ROAD 12 33424	DELETE 3.1 TI 32 N 3.3 S 3.4. C	TREET ADDRESS DITY-ST-ZIP  ITLE  AME TREET ADDRESS DITY-ST-ZIP ITLE  IAME TREET ADDRESS ITY-ST-ZIP ITLE  ITREET ADDRESS	3 cd =		1249 BV- #1 346	- <del>Cha</del> nge	Addition
CITY-ST-ZIP  TITLE  NAME  ST  SMARIDGE, RON  103 ORANGEVIE  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  LEWIS, ERNEST  1875 NURSERY  CLEARWATER FI  CLEARWATER FI  CLEARWATER FI	6-4749 33720 ~ G NDA G EW AVENUE 12 34615 □ ROAD 12 33424	DELETE 3.1 TI 32 N 3.3 S 3.4. C DELETE 4.1 TI 4.2 N 4.3 S 4.4 C DELETE 5.1 TI 5.2 N	TREET ADDRESS DITY-ST-ZIP  ITLE  AME TREET ADDRESS DITY-ST-ZIP ITLE  IAME TREET ADDRESS DITY-ST-ZIP ITLE  AME AME	3 cf =		1249 BV- #1 346	enange 106 19 Change	Addition
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CITY-ST-ZIP  TITLE  NAME  SMARIDGE, RON  103 ORANGEVIE  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TREET ADDRESS  CITY-ST-ZIP  TREET ADDRESS  CITY-ST-ZIP	#####################################	DELETE 3.1 TI 3.2 N 3.3 S 3.4 C 4.1 TI 4.2 N 4.3 S 4.4 C 5.1 TI 5.2 N 5.3 S	TREET ADDRESS DITY-ST-ZIP  ITLE  AME TREET ADDRESS DITY-ST-ZIP ITLE  JAME TREET ADDRESS JIY-ST-ZIP ITLE  AME TREET ADDRESS JIY-ST-ZIP  TREET ADDRESS JIY-ST-ZIP  TREET ADDRESS	3 cf =		1749 E Av #1 346	enange 106 19 Change	Addition
CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  NAME LEWIS, ERNEST STREET ADDRESS CITY-ST-ZIP  CLEARWATER FI D LEWIS, ERNEST 1875 NURSERY CLEARWATER FI TITLE NAME STREET ADDRESS	#####################################	DELETE 3.1 TI 32 N 33 S 34.0 DELETE 4.1 TI 4.2 N 4.3 S 4.4 C DELETE 5.1 TI 52 N 5.3 S 5.4 C	TREET ADDRESS DITY-ST-ZIP TILE  AME TREET ADDRESS DITY-ST-ZIP TILE TREET ADDRESS DITY-ST-ZIP TILE TREET ADDRESS DITY-ST-ZIP TILE TREET ADDRESS	3 cf =		1749 E Av #1 346	Change	Addition Addition

14. I do 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.