


FILE NOW: FILING FEE IS \$61.25

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Mar 17 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000001026 (1)**

1. Corporation Name

**THE BATES FOUNDATION, INC.**



Principal Place of Business	Mailing Address
2165 - 13TH AVENUE S.W. LARGO FL 34840-4749	2165 - 13TH AVENUE S.W. LARGO FL 33770-4749

3. Date Incorporated or Qualified <b>02/23/1996</b>	3a. Date of Last Report
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>Applied For</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
23 Zip Country	28 Zip Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24	25	29	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SCHULER, TIMOTHY C  
7843 SEMINOLE BLVD.  
SEMINOLE FL 34642**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	<b>FL</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BATES, DAVID R</b>	1.2 NAME	
STREET ADDRESS	<b>2165 - 13TH AVENUE S.W.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LARGO FL 34840-4749 33770-4749</b>	1.4 CITY-ST-ZIP	<b>33770-4749</b>
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BATES, SALLY G</b>	2.2 NAME	
STREET ADDRESS	<b>2165 - 13TH AVENUE S.W.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LARGO FL 34840-4749 33770-4749</b>	2.4 CITY-ST-ZIP	<b>33770-4749</b>
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMARIDGE, RONDA G</b>	3.2 NAME	
STREET ADDRESS	<b>103 ORANGEVIEW AVENUE</b>	3.3 STREET ADDRESS	<b>340 Fairwood Av #106</b>
CITY-ST-ZIP	<b>CLEARWATER FL 34615</b>	3.4 CITY-ST-ZIP	<b>CLEARWATER FL. 34619</b>
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEWIS, ERNEST</b>	4.2 NAME	
STREET ADDRESS	<b>1875 NURSERY ROAD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CLEARWATER FL 33424</b>	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 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.

SIGNATURE \_\_\_\_\_ DATE **3/16/97** 813-872-3452

CR2E037 (9/96)