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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000003088

1. Corporation Name
THE BATES FAMILY FOUNDATION, INC.

Principal Place of Business 12 W FRANKLIN ST QUINCY FL 32351	Mailing Address 12 W FRANKLIN ST QUINCY FL 32351
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2. Principal Place of Business 26	2a. Mailing Address 26	3. Date Incorporated or Qualified 05/29/1997
27 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number 59-3456990
28 City & State	28 City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
29 Zip	29 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

BATES, RICHARD S
 12 W FRANKLIN ST
 QUINCY FL 32351

10. Name and Address of New Registered Agent

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

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)

OFFICERS AND DIRECTORS		13.
TITLE	PD	1.1 TITLE
NAME	BATES, RICHARD S	1.2 NAME
STREET ADDRESS	12 W FRANKLIN ST	1.3 STREET ADDRESS
CITY-ST-ZIP	QUINCY FL 32351	1.4 CITY-ST-ZIP
TITLE	VD	2.1 TITLE
NAME	BATES, M B III	2.2 NAME
STREET ADDRESS	P O BOX 675 N/A	2.3 STREET ADDRESS
CITY-ST-ZIP	QUINCY FL 32353-0675	2.4 CITY-ST-ZIP
TITLE	ST	3.1 TITLE
NAME	BATES, RICHARD S	3.2 NAME
STREET ADDRESS	12 W FRANKLIN ST	3.3 STREET ADDRESS
CITY-ST-ZIP	QUINCY FL 32351	3.4 CITY-ST-ZIP
TITLE	D	4.1 TITLE
NAME	BATES, M B JR	4.2 NAME
STREET ADDRESS	P O BOX 675 N/A	4.3 STREET ADDRESS
CITY-ST-ZIP	QUINCY FL 32353-0675	4.4 CITY-ST-ZIP
TITLE		5.1 TITLE
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE		6.1 TITLE
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: Richard S. Bates DATE: 1/18/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 850-677-9001

CR2E037 (1/98)