2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 27, 2004
Secretary of State

DOCUMENT# N02000008839

Entity Name: HOWARD STILLMAN BATES FOUNDATION, INC.

Current Principal Place of Business:

1333 S. UNIVERSITY DRIVE
SUITE 201
PLANTATION, FL 33324

New Principal Place of Business:

Current Mailing Address:

1333 S. UNIVERSITY DRIVE
SUITE 201
PLANTATION, FL 33324

New Mailing Address:

FEI Number: 51-0442155 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JONES, KENNETH M
MOODY, JONES, MONTEFUSCO & KRAUSE, P.A.
1333 SOUTH UNIVERSITY DRIVE, SUITE 201
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete
Name: DOYLE BUTLER, MAUREEN
Address: PO BOX 1557
City-St-Zip: MATTAPOISETT, MA 02739

Title: VD ( ) Delete
Name: BATTAGLINO, PAUL MICHAEL
Address: PO BOX 1557
City-St-Zip: MATTAPOISETT, MA 02739

Title: D ( ) Delete
Name: BUTLER, GEORGE
Address: PO BOX 1557
City-St-Zip: MATTAPOISETT, MA 02739

Title: CFO ( ) Delete
Name: DOYLE BUTLER, MAUREEN
Address: PO BOX 1557
City-St-Zip: MATTAPOISETT, MA 02739

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAUREEN DOYLE BUTLER PSD 05/27/2004
Electronic Signature of Signing Officer or Director — Date