

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 09, 2005 8:00 am**  
**Secretary of State**

03-09-2005 90033 037 \*\*\*\*61.25

DOCUMENT # N02000008839

1. Entity Name

HOWARD STILLMAN BATES FOUNDATION, INC.



Principal Place of Business

Mailing Address

1333 S. UNIVERSITY DRIVE  
SUITE 201  
PLANTATION FL 33324

1333 S. UNIVERSITY DRIVE  
SUITE 201  
PLANTATION FL 33324

2. Principal Place of Business

3. Mailing Address

11 WATER ST PO BOX 1557

PO BOX 1557

Suite, Apt. #, etc.

Suite, Apt. #, etc.

MATTAPOISETT, MA

C/O BUTLER

City & State

City & State

MASSACHUSETTS

MATTAPOISETT, MA

Zip

Country

Zip

Country

02739

USA

02739

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By: May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> Delete
NAME	DOYLE BUTLER, MAUREEN	
STREET ADDRESS	PO BOX 1557	
CITY-ST-ZIP	MATTAPOISETT MA 02739	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BATTAGLINO, PAUL MICHAEL	
STREET ADDRESS	PO BOX 1557	
CITY-ST-ZIP	MATTAPOISETT MA 02739	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUTLER, GEORGE	
STREET ADDRESS	PO BOX 1557	
CITY-ST-ZIP	MATTAPOISETT MA 02739	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	DOYLE BUTLER, MAUREEN	
STREET ADDRESS	PO BOX 1557	
CITY-ST-ZIP	MATTAPOISETT MA 02739	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Maureen D Butler*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/28/05*  
Date Daytime Phone #