FILED
May 01, 2006 08:00 AM
Secretary of State

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N02000008839

1. Entity Name
HOWARD STILLMAN BATES FOUNDATION, INC.

Principal Place of Business	Mailing Address
11 WATER ST P.O. BOX 1557 MATTAPOISETT, MA 02739	P.O. BOX 1557 C/O BUTLER MATTAPOISETT, MA 02739

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04262006 No Chg-NP CR2E037 (11/05)

4. FEI Number
51-0442155
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. 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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	DOYLE BUTLER, MAUREEN
STREET ADDRESS	PO BOX 1557
CITY-ST-ZIP	MATTAPOISETT, MA 02739
TITLE	VD
NAME	BATTAGLINO, PAUL MICHAEL
STREET ADDRESS	PO BOX 1557
CITY-ST-ZIP	MATTAPOISETT, MA 02739
TITLE	D
NAME	BUTLER, GEORGE
STREET ADDRESS	PO BOX 1557
CITY-ST-ZIP	MATTAPOISETT, MA 02739
TITLE	CFO
NAME	DOYLE BUTLER, MAUREEN
STREET ADDRESS	PO BOX 1557
CITY-ST-ZIP	MATTAPOISETT, MA 02739
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/13/06-80057-007 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 4-24-06
SIGNATURE AND TYPED OR PRINTED NAME OF REQUIRED OFFICER OR DIRECTOR — Date — Daytime Phone #