2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2005
Secretary of State

DOCUMENT# N97000003087

Entity Name: THE GEORGE D. BATES, JR. FAMILY FOUNDATION, INC.

Current Principal Place of Business:

10 N DUVAL ST
QUINCY, FL 32351

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 205
QUINCY, FL 323530205

New Mailing Address:

FEI Number: 59-3458518 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BATES, MARK W
10 N DUVAL ST
QUINCY, FL 32351 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: PD ( ) Delete
Name: BATES, MARK W
Address: 505 HIGHLAND AVE
City-St-Zip: QUINCY, FL 32351

Title: VD ( ) Delete
Name: BATES, MARTHA G
Address: 1103 CLAYTON AVE
City-St-Zip: QUINCY, FL 32351

Title: STD ( ) Delete
Name: BATES, PATRICIA C
Address: 505 HIGHLAND AVE
City-St-Zip: QUINCY, FL 32351

Title: D ( ) Delete
Name: CURLEY, NANCY B
Address: 4110 FALLS RIDGE DR
City-St-Zip: ALPHARETTA, GA 30022

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: MARK W. BATES PD 03/16/2005

Electronic Signature of Signing Officer or Director — Date