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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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**



2a. Principal Place of Business

2a. Mailing Address

2b. Suite, Apt. #, etc.

Suite, Apt. #, etc.

2c. City & State

City & State

2d. Zip

Country

Zip

Country

3. Date Incorporated or Qualified

05/29/1997

4. FEI Number

59-3456990

Applied For

☒ Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BATES, RICHARD S
12 W FRANKLIN ST
QUINCY FL 32351**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

PD ☐ DELETE
BATES, RICHARD S
12 W FRANKLIN ST
QUINCY FL 32351

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

VD ☐ DELETE
BATES, M B III
P O BOX 675 N/A
QUINCY FL 32353-0675

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

ST ☐ DELETE
BATES, RICHARD S
12 W FRANKLIN ST
QUINCY FL 32351

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

D ☐ DELETE
BATES, M B JR
P O BOX 675 N/A
QUINCY FL 32353-0675

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

PD ☐ DELETE
BATES, RICHARD S
12 W FRANKLIN ST
QUINCY FL 32351

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

VD ☐ DELETE
BATES, M B III
P O BOX 675 N/A
QUINCY FL 32353-0675

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/18/99 850-677-9001

CR2E037 (1/98)