

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N97000003088**

1. Entity 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



02122008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$81.25** ✓  
**Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

U000000930969  
05/21/08-80131-004 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BATES, RICHARD S
STREET ADDRESS	12 W FRANKLIN ST
CITY-STATE-ZIP	QUINCY, FL 32351
TITLE	VD
NAME	BATES, M B III
STREET ADDRESS	12 W. FRANKLIN ST.
CITY-STATE-ZIP	QUINCY, FL 32351
TITLE	ST
NAME	BATES, RICHARD S
STREET ADDRESS	12 W FRANKLIN ST
CITY-STATE-ZIP	QUINCY, FL 32351
TITLE	D
NAME	LEONARD, DEBORAH L
STREET ADDRESS	2120 KILLARNEY WAY
CITY-STATE-ZIP	TALLAHASSEE, FL 32308

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IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #