

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000003088

**FILED**  
**Apr 27, 2004**  
**Secretary of State**

**Entity Name:** THE BATES FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

12 W FRANKLIN ST  
QUINCY, FL 32351

**New Principal Place of Business:**

**Current Mailing Address:**

12 W FRANKLIN ST  
QUINCY, FL 32351

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BATES, RICHARD S  
12 W FRANKLIN 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, RICHARD S  
Address: 12 W FRANKLIN ST  
City-St-Zip: QUINCY, FL 32351

Title: VD                      ( ) Delete  
Name: BATES, M B III  
Address: 12 W. FRANKLIN ST.  
City-St-Zip: QUINCY, FL 32351

Title: ST                      ( ) Delete  
Name: BATES, RICHARD S  
Address: 12 W FRANKLIN ST  
City-St-Zip: QUINCY, FL 32351

Title: D                      ( ) Delete  
Name: LEONARD, DEBORAH L  
Address: 2120 KILLARNEY WAY  
City-St-Zip: TALLAHASSEE, FL 32308

**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: RICHARD S. BATES

PD

04/27/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date