


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 25, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N97000003088</b> 1. Entity Name <b>THE BATES FAMILY FOUNDATION, INC.</b>		
Principal Place of Business <b>12 W FRANKLIN ST QUINCY FL 32351</b>		Mailing Address <b>12 W FRANKLIN ST QUINCY FL 32351</b>
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.	
City & State		City & State
Zip	Country	4. FEI Number <b>NO-T APPLICABLE</b>
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable



1st MOORE CR2E037 (10/06)

<b>6. Name and Address of Current Registered Agent</b>  <b>BATES, RICHARD S 12 W FRANKLIN ST QUINCY FL 32351</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b> Zip Code</span>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BATES, RICHARD S			NAME			
STREET ADDRESS	12 W FRANKLIN ST			STREET ADDRESS			
CITY-ST-ZIP	QUINCY FL 32351			CITY-ST-ZIP	U00000765366 06/01/07-80002-008 61.25		
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BATES, M B III			NAME			
STREET ADDRESS	12 W. FRANKLIN ST.			STREET ADDRESS			
CITY-ST-ZIP	QUINCY FL 32351			CITY-ST-ZIP			
TITLE	ST	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BATES, RICHARD S			NAME			
STREET ADDRESS	12 W FRANKLIN ST			STREET ADDRESS			
CITY-ST-ZIP	QUINCY FL 32351			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEONARD, DEBORAH L			NAME			
STREET ADDRESS	2120 KILLARNEY WAY			STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL 32308			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 who are empowered

**SIGNATURE:** Richard S. Bates 5-23-07 850-627-9001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Deputee Phone #