

SCC eFile  
(6/10)

2011 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

211516307

1.) CORPORATION NAME:

**BERNIE L. BATES FOUNDATION, INC.**

DUE DATE: **4/30/2011**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**OFFICER  
OSCAR B DAILEY  
10501 BRADDOCK RD STE 204  
PO BOX 150653**

SCC ID NO: **04457016**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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**ALEXANDRIA, VA 22315-651**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**FAIRFAX COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 150653

CITY/ST/ZIP: ALEXANDRIA, VA 22315-0653

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	OSCAR B DAILEY	
TITLE:	ASST TREAS	
ADDRESS:	P O BOX 1621	
CITY/ST/ZIP/CO:	SPRINGFIELD, VA 22151-	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JEROME W HAGGINS	
TITLE:	DIRECTOR	
ADDRESS:	1370 RICH HILL DR	
CITY/ST/ZIP/CO:	FT WASHINGTON, MD 20774-	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	BRADFORD M CALDWELL	
TITLE:	PRESIDENT	
ADDRESS:	7817 ABBEY OAKS CT	
CITY/ST/ZIP/CO:	MANASSAS, VA 20112-	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	RICHARD G MORRIS	
TITLE:	SECRETARY	
ADDRESS:	8413 HAYDEN LANE	
CITY/ST/ZIP/CO:	ANNANDALE, VA 22003-	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	KENNETH D HUBBARD	
TITLE:	TREASURER	
ADDRESS:	7613 BUCKLAND PLACE	
CITY/ST/ZIP/CO:	LORTON, VA 22079-	

NAME: FRANKLYN G MATTHEWS TITLE: VICE PRESIDENT ADDRESS: 3563 ESKEW COURT CITY/ST/ZIP/CO: WOODBRIDGE, VA 22192-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: MARION L BARNWELL TITLE: DIRECTOR ADDRESS: 3116 MCGEORGE TERRACE CITY/ST/ZIP/CO: ALEXANDRIA, VA 22309-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ANTONIO S COLEMAN TITLE: DIRECTOR ADDRESS: 16111 OLMSTEAD LN CITY/ST/ZIP/CO: WOODBRIDGE, VA 22191-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JERRY A HUBBARD, SR. TITLE: DIRECTOR ADDRESS: 6316 SKINNER DRIVE CITY/ST/ZIP/CO: BURKE, VA 22015-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: GREGORY W PACKER, SR. TITLE: DIRECTOR ADDRESS: 8518 CENTURY OAK COURT CITY/ST/ZIP/CO: FAIRFAX STATION, VA 22039-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: KEITH A SPRAGGINS TITLE: DIRECTOR ADDRESS: 7305 HOGARTH STREET CITY/ST/ZIP/CO: SPRINGFIELD, VA 22151-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ADRIAN V WILCOX TITLE: DIRECTOR ADDRESS: 8200 RIVER PARK ROAD CITY/ST/ZIP/CO: BOWIE, MD 20715-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: RODNEY A WYCHE TITLE: DIRECTOR ADDRESS: 8445 HALLIE ROSE STREET CITY/ST/ZIP/CO: ALEXANDRIA, VA 22309-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.	
/s/ RICHARD G MORRIS _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	RICHARD G MORRIS, SECRETARY _____ PRINTED NAME AND CORPORATE TITLE
7/25/2011 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.	