

SCC eFile

**2014 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION**

214515318

1.) CORPORATION NAME:

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

DUE DATE: **4/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**KENNETH M YOUNGER  
7710 STONE WHEAT COURT  
PO BOX 150653**

SCC ID NO: **04457016**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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**ALEXANDRIA, VA**

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.

NAME:	JEROME W HAGGINS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	1310 RICH HILL DR.		
CITY/ST/ZIP/CO:	FORT WASHINGTON, MD 20744		

NAME:	NORRIS C MIDDLETON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	6217 WINDHAM HILL RUN		
CITY/ST/ZIP/CO:	KINGSTOWNE, VA 22315		

NAME:	JERRY A HUBBARD SR	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	703 SKINNER DRIVE		
CITY/ST/ZIP/CO:	BURKE, VA 22015		

NAME:	JEFFERY OWENS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	6315 THETFORD PLACE		
CITY/ST/ZIP/CO:	PORT TOBACCO, VA 20677		

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

NAME:	MARION L BARNWELL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3116 MCGEORGE TERRACE		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22309		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PHILIP G BENJAMIN II DIRECTOR 13112 CROSS KEYS COURT FAIRFAX, VA 22033	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRADFORD M CALDWELL DIRECTOR 7817 ABBEY OAKS CT MANASSAS, VA 20112	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARIO T POWELL DIRECTOR 7017 WOODSCAPE DRIVE CLARKSVILLE, MD 21029	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KEITH A SPRAGGINS DIRECTOR 7750 DESIREE ST. ALEXANDRIA, VA 22315	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CRAIG M SPRAGGINS DIRECTOR 512 N. MONTAGUE ST ARLINGTON, VA 22203	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RODNEY A WYCHE DIRECTOR 8445 HALLIE ROSE STREET ALEXANDRIA, VA 22309	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KENNETH M YOUNGER DIRECTOR 7710 STONE WHEAT COURT ALEXANDRIA, VA 22315	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SEAN YOUNGER DIRECTOR 4866 CAVALLO WAY WOODBRIAGE, VA 22192	<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	3/24/2014 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.			