

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000006294

FILED
Jan 30, 2009
Secretary of State

Entity Name: THE BAILEY FAMILY FOUNDATION OF TAMPA, INC.

Current Principal Place of Business:

912 W. PLATT STREET
SUITE 200
TAMPA, FL 33606

New Principal Place of Business:

Current Mailing Address:

912 W. PLATT STREET
SUITE 200
TAMPA, FL 33606

New Mailing Address:

FEI Number: 54-1850780

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAILEY, R KENT
912 W. PLATT STREET
SUITE 200
TAMPA, FL 33606 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: DP () Delete
Name: BAILEY, RON K
Address: 912 W. PLATT STREET, SUITE 200
City-St-Zip: TAMPA, FL 33606

Title: DS () Delete
Name: BAILEY, BEVERLY W
Address: 912 W. PLATT STREET, SUITE 200
City-St-Zip: TAMPA, FL 33606

Title: VPD () Delete
Name: BAILEY, R KYLE
Address: 912 W. PLATT STREET, SUITE 200
City-St-Zip: TAMPA, FL 33606

Title: TD () Delete
Name: BAILEY, R KENT
Address: 912 W. PLATT STREET, SUITE 200
City-St-Zip: TAMPA, FL 33606

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 exemption stated 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 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: R. KENT BAILEY

TD

01/30/2009

Electronic Signature of Signing Officer or Director

Date