

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # N92000000652

1. Entity Name
BAILEY FAMILY FOUNDATION, INC.



Principal Place of Business
**1285 LITTLE HARBOR LANE
VERO BEACH, FL 32963**

Mailing Address
**1285 LITTLE HARBOR LANE
VERO BEACH, FL 32963**



01112005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3154364	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BAILEY, STEPHEN M
1285 LITTLE HARBOR LANE
VERO BEACH, FL 32963**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1000000207978
02/01/05-80063-019 61.25

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	BAILEY, STEPHEN M
STREET ADDRESS	1285 LITTLE HARBOR LANE
CITY-ST-ZIP	VERO BEACH, FL 32963

TITLE	VSD
NAME	BAILEY, LUCIA H
STREET ADDRESS	1285 LITTLE HARBOR LANE
CITY-ST-ZIP	VERO BEACH, FL 32963

TITLE	VD
NAME	BAILEY, BLYTHE L
STREET ADDRESS	1285 LITTLE HARBOR LANE
CITY-ST-ZIP	VERO BEACH, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephen M. Bailey

Date

Daytime Phone #