

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2008 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**



04212008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3154364

| |
|----------------|
| Applied For |
| Not Applicable |

5. Certificate of Status Desired ☐ **\$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 reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**000000937847
05/27/08-80064-023 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 | |

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| 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 exemptions contained 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 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: *Stephen M Bailey* **Stephen M. Bailey** *28 Apr 08*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #