

1.) CORPORATION NAME:

THE BAILEY FAMILY FOUNDATION, INC.

DUE DATE: **5/31/2016**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**RON K BAILEY
12700 BLACK FOREST LANE
SUITE 310**

SCC ID NO: **04844007**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
-------	------------

WOODBIDGE, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

PRINCE WILLIAM COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 912 W. PLATT STREET
SUITE 200

CITY/ST/ZIP: TAMPA, FL 33606

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:	RONNIE KYLE BAILEY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	912 W. PLATT STREET		
	SUITE 200		
CITY/ST/ZIP/CO:	TAMPA, FL 33606		

NAME:	RYAN KENT BAILEY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	912 W. PLATT STRETTE		
	SUITE 200		
CITY/ST/ZIP/CO:	TAMPA, FL 33606		

NAME:	RON K BAILEY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TRUSTEE		
ADDRESS:	912 W. PLATT ST. STE 200		
CITY/ST/ZIP/CO:	TAMPA, FL 33606		

NAME:	BEVERLY W BAILEY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	912 W. PLATT STREET		
	SUITE 200		
CITY/ST/ZIP/CO:	TAMPA, FL 33606		

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/ RONNIE KYLE BAILEY	RONNIE KYLE BAILEY,	4/21/2016
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRESIDENT	DATE
	PRINTED NAME AND CORPORATE TITLE	

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.