

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000004020

**FILED**  
**Jan 21, 2020**  
**Secretary of State**  
**1529062029CC**

**Entity Name:** THE BAILEY4 GROUP ENTERPRISES, INCORPORATED

**Current Principal Place of Business:**

4019 FORREST RUN CIRCLE  
VALDOSTA, GA 31605

**Current Mailing Address:**

P. O. BOX 2854  
VALDOSTA, GA 31604 US

**FEI Number: 45-2286470**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

BAILEY, ROSEMARY R  
420 CONNELL ROAD, APT 1D  
VALDOSTA, FL 31602 US

*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

**Officer/Director Detail :**

Title	PT	Title	VP
Name	BAILEY, ROSEMARY R	Name	BAILEY, JAMAR M
Address	P. O. BOX 4113	Address	P. O. BOX 4113
City-State-Zip:	VALDOSTA GA 31604	City-State-Zip:	VALDOSTA GA 31604
Title	CFO	Title	S
Name	BAILEY, RASAAN LAWRENCE	Name	BAILEY, CHAD N
Address	6636 HARBURN FOREST DR	Address	2 LAURIE PLACE
City-State-Zip:	CHARLOTTE NC 28269	City-State-Zip:	VALDOSTA GA 31605

*I hereby 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 all other like empowered.*

**SIGNATURE: ROSEMARY R BAILEY**

**PRESIDENT**

**01/21/2020**

Electronic Signature of Signing Officer/Director Detail

Date