


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

**FILED**  
**Mar 13, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N04000004272**

1. Entity Name  
 IVY FOUNDATION INC.



Principal Place of Business  
 2439 WALKER CIRCLE  
 SARASOTA, FL 34234

Mailing Address  
 POST OFFICE BOX 302  
 BRADENTON, FL 34206

**DO NOT WRITE IN THIS SPACE**



02222008 No Chg-NP CR2E037 (4/06)

4. FEI Number  
 56-2537578

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

HOLLOWAY, FRANCINA  
 5637 FORESTER LAKE DRIVE  
 SARASOTA, FL 34243

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

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

U60000857982  
 04/01/08-80026-012 70.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JONES, JACQUELIN POST OFFICE BOX 295 PARRISH, FL 34219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BROWN, YVONNE 2439 WALKER CIRCLE SARASOTA, FL 34234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HARVEY, BRENDA 1010 25TH STREET BRADENTON, FL 34208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WALLACE, PEGGIE 1604 13TH AVENUE EAST BRADENTON, FL 34208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M PRATT, DORETHA 3020 9TH AVENUE DR E. PALMETTO, FL 34221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M SHAW, SHIRLEY 2340 LOCKWOOD MEADOWS CIR. SARASOTA, FL 34234

**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: Yvonne C. Brown 02-29-08 (941) 954-0655  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #