

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004272

Entity Name: IVY FOUNDATION INC.**Current Principal Place of Business:**2439 WALKER CIRCLE
SARASOTA, FL 34234**Current Mailing Address:**POST OFFICE BOX 9484
BRADENTON, FL 34206**FEI Number:** 56-2537578**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**HOLLAWAY, FRANCINA
5104 N LOCKWOOD RIDGE RD #101
SARASOTA, FL 34234 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 PRESIDENT
Name BROWN, YVONNE
Address 2439 WALKER CIRCLE
City-State-Zip: SARASOTA FL 34234

Title VP
Name JONES, JACQUELIN
Address POST OFFICE BOX 295
City-State-Zip: PARRISH FL 34219

Title S
Name WOOTEN, DEBORAH
Address 3423 31ST STREET EAST
City-State-Zip: BRADENTON FL 34208

Title T
Name PRATT, DORETHA
Address 3020 9TH AVE. DR. EAST
City-State-Zip: PALMETTO FL 34221

Title M
Name HOUSTONFROST, LASHAWN
Address 10204 37TH COURT EAST
City-State-Zip: PARRISH FL 34219

Title FS
Name SHAW, SHIRLEY
Address 2340 LOCKWOOD MEADOWS CIR.
City-State-Zip: SARASOTA FL 34234

Title M
Name HARVEY, BRENDA
Address 1010 25TH ST. E.
City-State-Zip: BRADENTON FL 34208

Title M
Name WALLACE, PEGGIE
Address 1604 13TH AVE EAST
City-State-Zip: BRADENTON FL 34208

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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: DORETHA A. PRATT**TREASURER****03/22/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title M
Name GRIMSLEY, PATRICIA
Address 7911 114TH AVE. EAST
City-State-Zip: PARRISH FL 34219

Title M
Name LEWIS, JACQUELINE
Address 11335 82ND STREET EAST
City-State-Zip: PARRISH FL 34219