

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009733

Entity Name: THE IVY EDUCATIONAL AND CHARITABLE FOUNDATION, INC.**Current Principal Place of Business:**2381 N.W. 11TH COURT
POMPANO BEACH, FL 33069**Current Mailing Address:**P.O. BOX 1305
POMPANO BEACH, FL 33061**FEI Number: 26-1194785****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BAILEY GILCHRIST, PAULA MRS
5166 NW 48 AVENUE
COCONUT CREEK, FL 33073 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:** PAULA BAILEY GILCHRIST

03/17/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name BAILEY, KARA
Address 5166 NW 48TH AVE
City-State-Zip: COCONUT CREEK FL 33073

Title DIRECTOR
Name MCCRAY, SUSAN
Address 2381 N.W. 11TH COURT
City-State-Zip: POMPANO BEACH FL 33069

Title SECRETARY
Name CALLOWAY, IVIE
Address 3801 NW 43 TERR
City-State-Zip: COCONUT CREEK FL 33073

Title DIRECTOR
Name HENRY, LA NETTA
Address 3841 NW 4TH AVE
City-State-Zip: POMPANO BEACH FL 33064

Title PRESIDENT
Name GILCHRIST, PAULA
Address 5166 N.W. 48TH AVENUE
City-State-Zip: COCONUT CREEK FL 33073

Title TREASURER
Name DOUGHTY, ANDRIA
Address 5115 NW 99 WAY
City-State-Zip: CORAL SPRINGS FL 33076

Title DIRECTOR
Name KELLY-SWANN, BEVERLY
Address 365 NW 2ND COURT
City-State-Zip: DEERFIELD BEACH FL 33441

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: PAULA BAILEY GILCHRIST

PRESIDENT

03/17/2020

Electronic Signature of Signing Officer/Director Detail

Date