2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700886

FILED Apr 22, 2009 Secretary of State

Entity Name: IVEY MEMORIAL FOUNDATION, INC.

Current Principal Place of Business:		New Principal Place of Business:		
C/O RIVER		ITED METHODCHURCH		
IACKSON	IVILLE, FL 32	204		
Current M	lailing Addre	ss:	New Mailing Addres	ss:
		ITED METHODCHURCH		
319 PARK IACKSON	. ST IVILLE, FL 32	204		
El Number	: 23-7211219	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
lame and	Address of	Current Registered Agent:	Name and Address of	of New Registered Agent:
GUERRY, 319 PARK JACKSON		2043393 US		
	e named entity e of Florida.	submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,
n the State	e of Florida.	submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,
n the State	e of Florida. RE:	submits this statement for the		ed office or registered agent, or both, Date
n the State	e of Florida. RE:	nic Signature of Registered Ag	ent	
n the State SIGNATUI DFFICER ittle: lame: ddress:	e of Florida. RE: Electro S AND DIRECT PDB (PICKREN, CH.	nic Signature of Registered Ag CTORS:) Delete ARLES NGTON COVE TERRACE	ent	Date
n the State BIGNATUI DFFICER Title: lame: laddress: City-St-Zip: Title: lame: lame: laddress:	e of Florida. RE: Electro S AND DIREC PDB (PICKREN, CH. 12889 CANNIN JACKSONVILL O (GUERRY, HEL 750 OAK STR	nic Signature of Registered Agetones:) Delete ARLES NGTON COVE TERRACE LE, FL 32258) Delete LEN	ent ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR
n the State	e of Florida. RE: Electro S AND DIRECT PDB (PICKREN, CH. 12889 CANNIN JACKSONVILL O (GUERRY, HEL 750 OAK STR JACKSONVILL O (HODGES, BIL 1315 WINDSC	nic Signature of Registered Agentors:) Delete ARLES NGTON COVE TERRACE LE, FL 32258) Delete LEN EET #706 LE, FL 32204 US) Delete L	ent ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DANIEL FRANCABANDIERO O 04/22/2009