

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 700886

**FILED**  
**Apr 28, 2010**  
**Secretary of State**

**Entity Name:** IVEY MEMORIAL FOUNDATION, INC.

**Current Principal Place of Business:**

C/O RIVERSIDE PK UNITED METHODCHURCH  
819 PARK ST  
JACKSONVILLE, FL 32204

**New Principal Place of Business:**

**Current Mailing Address:**

C/O RIVERSIDE PK UNITED METHODCHURCH  
819 PARK ST  
JACKSONVILLE, FL 32204

**New Mailing Address:**

**FEI Number:** 23-7211219

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GUERRY, HELEN  
819 PARK ST  
JACKSONVILLE, FL 322043393 US

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

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

**OFFICERS AND DIRECTORS:**

**Title:** PDB  
**Name:** PICKREN, CHARLES  
**Address:** 12889 CANNINGTON COVE TERRACE  
**City-St-Zip:** JACKSONVILLE, FL 32258

**Title:** O  
**Name:** GUERRY, HELEN  
**Address:** 750 OAK STREET #706  
**City-St-Zip:** JACKSONVILLE, FL 32204 US

**Title:** O  
**Name:** HODGES, BILL  
**Address:** 1315 WINDSOR PLACE  
**City-St-Zip:** JACKSONVILLE, FL 32205 US

**Title:** O  
**Name:** FRANCA BANDIERO, DANIEL  
**Address:** 4163 SHIRLEY AVENUE  
**City-St-Zip:** JACKSONVILLE, FL 32210

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:** CHARLES PICKREN

PDB

04/28/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date