


2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N046000Q4272

1. Entity Name
IVY FOUNDATION INC.



FILED
07 FEB 19 PM 4:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
P.O. BOX 302
BRADENTON, FL 34206

Mailing Address
P.O. BOX 302
BRADENTON, FL 34206



2. Principal Place of Business
Suite, Apt. #, etc.
2439 Walker Circle
City & State
Sarasota, FL
Zip
34234
Country
Sarasota

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

REINSTATEMENT 07

5. Name and Address of Current Registered Agent
PRATT, DORETHA A
3020 9TH AVE. DR. EAST
PALMETTO, FL 34221

4. FEI Number
56-2537578

Applied For
 Not Applicable

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

6. Name and Address of New Registered Agent
Name
Francina Hollaway
Street Address (P.O. Box Number is Not Acceptable)
5637 Forester Lake Dr.
City
Sarasota, FL
Zip Code
34243

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, in accordance with, and accept the obligations of registered agent.

SIGNATURE *Shirley M Shaw, Member* Francina M Hollaway 2/13/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$61.25
After January 1, 2007, Fee will be **\$122.50**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PEARCEY, ANN 1413 10TH AVE. EAST BRADENTON, FL 34208 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JONES, JACQUELIN P.O. BOX 295 PARRISH, FL 34219 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HARVEY, BRENDA 1010 25TH STREET BRADENTON, FL 34208 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CORBETT, SHERON 6249 35TH AVENUE EAST PALMETTO, FL 34221 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M HOLLAWAY, FRANCINA 5637 FORESTER LAKE DR. SARASOTA, FL 34243 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M SHAW, SHIRLEY 2340 LOCKWOOD MEADOWS CIR. SARASOTA, FL 34234 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Jacquelin Jones P.O. Box 295 Parrish, FL 34219 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice president Yvonne Brown 2439 Walker Circle Sarasota, FL 34234 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Brenda Harvey 1010 25th Street Bradenton, FL 34208 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Peggie Wallace 1604 13th Ave E Bradenton, FL 34208 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Doretha Pratt 3020 9th Ave. Dr. E. Palmetto, FL 34221 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Shirley Shaw 2340 Lockwood Meadows Cir. Sarasota, FL 34234 <input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Shirley M Shaw* Francina M Hollaway 1/10/07 941-320-4096
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #