

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2009
Secretary of State

DOCUMENT# N04000004272

Entity Name: IVY FOUNDATION INC.

Current Principal Place of Business:

2439 WALKER CIRCLE
SARASOTA, FL 34234

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 302
BRADENTON, FL 34206

New Mailing Address:

FEI Number: 56-2537578

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLLAWAY, FRANCINA
5637 FORESTER LAKE DRIVE
SARASOTA, FL 34243 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: P () Delete
Name: JONES, JACQUELIN
Address: POST OFFICE BOX 295
City-St-Zip: PARRISH, FL 34219

Title: VP () Delete
Name: BROWN, YVONNE
Address: 2439 WALKER CIRCLE
City-St-Zip: SARASOTA, FL 34234

Title: S () Delete
Name: HARVEY, BRENDA
Address: 1010 25TH STREET
City-St-Zip: BRADENTON, FL 34208

Title: T () Delete
Name: WALLACE, PEGGIE
Address: 1604 13TH AVENUE EAST
City-St-Zip: BRADENTON, FL 34208

Title: M () Delete
Name: PRATT, DORETHA
Address: 3020 9TH AVENUE DR E..
City-St-Zip: PALMETTO, FL 34221

Title: M () Delete
Name: SHAW, SHIRLEY
Address: 2340 LOCKWOOD MEADOWS CIR.
City-St-Zip: SARASOTA, FL 34234

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: FRANCINA M HOLLAWAY

RA

04/09/2009

Electronic Signature of Signing Officer or Director

Date