

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004272

FILED  
Apr 05, 2010  
Secretary of State

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 (X)

**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  
Name: JONES, JACQUELIN  
Address: POST OFFICE BOX 295  
City-St-Zip: PARRISH, FL 34219

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

Title: S  
Name: WOOTEN, DEBORAH  
Address: 3423 31ST STREET EAST  
City-St-Zip: BRADENTON, FL 34208

Title: T  
Name: PRATT, DORETHA  
Address: 3020 9TH AVE. DR. EAST  
City-St-Zip: PALMETTO, FL 34221

Title: M  
Name: HARVEY, BRENDA  
Address: 1010 25TH STREET EAST  
City-St-Zip: BRADENTON, FL 34208

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

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: DORETHA A. PRATT

T

04/05/2010

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

\_\_\_\_\_  
Date