

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 28, 2008 8:00 am**  
**Secretary of State**

08-28-2008 90002 033 \*\*\*\*70.00

**DOCUMENT # N06000013047**

1. Entity Name  
IVY COMMUNITY FOUNDATION, INC.



Principal Place of Business  
56 EGRET TRAIL  
PALM COAST, FL 32164

Mailing Address  
PO BOX 350616  
PALM COAST, FL 32135

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08212008

Chg-NP

CR2E037 (12/06)

4. FEI Number  
20-8148441

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

FAISON, JACQUELYN E  
56 EGRET TRAIL  
PALM COAST, FL 32164

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME FAISON, JACQUELYN E  
STREET ADDRESS 56 EGRET TRAIL  
CITY-ST-ZIP PALM COAST, FL 32164

TITLE S ☒ Delete  
NAME JONES, MARVA L  
STREET ADDRESS 62 BUSHWOOD LANE  
CITY-ST-ZIP PALM COAST, FL 32164

TITLE T ☒ Delete  
NAME MIDDLETON-VALENTINE, MYRA  
STREET ADDRESS 27 MONTAUK LANE  
CITY-ST-ZIP PALM COAST, FL 32137

TITLE D ☒ Delete  
NAME BAETY, SUE M  
STREET ADDRESS 4 ELIAS LANE  
CITY-ST-ZIP PALM COAST, FL 32164

TITLE S ☐ Delete  
NAME STEPHENSON, CASSANDRA  
STREET ADDRESS 7 KITE CT  
CITY-ST-ZIP PALM COAST, FL 32137

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P/D ☒ Change ☐ Addition  
NAME Faison, Jacquelyn E.  
STREET ADDRESS 56 Egret Trail  
CITY-ST-ZIP Palm Coast, FL 32164

TITLE S ☐ Change ☒ Addition  
NAME Cottman, Vivian M.  
STREET ADDRESS 5 Wynnfield Drive  
CITY-ST-ZIP Palm Coast, FL 32164

TITLE T ☐ Change ☒ Addition  
NAME Rushin, Sara K.  
STREET ADDRESS 13 Freneau Lane  
CITY-ST-ZIP Palm Coast, FL 32137

TITLE D ☐ Change ☒ Addition  
NAME Headley, Karen W.  
STREET ADDRESS 6 Pinecroft Lane  
CITY-ST-ZIP Palm Coast, FL 32164

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

*Jacquelyn E Faison* Jacquelyn E. Faison 8/27/08 386-437-7232

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone