

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000013047

FILED  
Apr 13, 2010  
Secretary of State

**Entity Name:** IVY COMMUNITY FOUNDATION, INC.

**Current Principal Place of Business:**

56 EGRET TRAIL  
PALM COAST, FL 32164

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 350616  
PALM COAST, FL 32135

**New Mailing Address:**

**FEI Number:** 20-8148441

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FAISON, JACQUELYN E  
56 EGRET TRAIL  
PALM COAST, FL 32164 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:** FAISON, JACQUELYN E  
**Address:** 56 EGRET TRAIL  
**City-St-Zip:** PALM COAST, FL 32164

**Title:** S  
**Name:** PRINCE, ALEXIS  
**Address:** 16 BILTVUE PLACE  
**City-St-Zip:** PALM COAST, FL 32137

**Title:** T  
**Name:** RUSHIN, SARA K  
**Address:** 13 FRENEAU LANE  
**City-St-Zip:** PALM COAST, FL 32137

**Title:** ED  
**Name:** HEADLEY, KAREN W  
**Address:** 6 PINE CROFT LANE  
**City-St-Zip:** PALM COAST, FL 32164

**Title:** FS  
**Name:** WILLIAMS, LA TOYA  
**Address:** 42 SECRETARY TRAIL  
**City-St-Zip:** PALM COAST, FL 32164

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:** JACQUELYN E. FAISON

P

04/13/2010

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

\_\_\_\_\_  
Date