

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000008864

**Entity Name:** IVY TEA ROSE, INCORPORATED**Current Principal Place of Business:**2799 PLUMBERRY AVE  
OCOE, FL 34761**Current Mailing Address:**P.O. BOX 940808  
MAITLAND, FL 32794**FEI Number:** 20-3468250**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LYTE-JOHNSON, VIVIAN  
2799 PLUMBERRY AVE  
OCOE, FL 34761 US*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**Officer/Director Detail :**

Title	MRS
Name	LYTE-JOHNSON, VIVIAN
Address	2799 PLUMBERRY AVE
City-State-Zip:	OCOE FL 34761

Title	MRS
Name	THORNTON-TAYLOR, MICHELLE
Address	1409 HIDDEN MEADOW WAY
City-State-Zip:	AOPKA FL 32712

Title	MRS
Name	ANDERSON, JOANN
Address	304 CAPEN
City-State-Zip:	WINTER PARK FL 32789

Title	MS
Name	SANDRA, MCCLELLAN
Address	4405 BEAGLE ST
City-State-Zip:	ORLANDO FL 32818

Title	MS
Name	DICKENSON, DENISE
Address	3705 S. LAKE ORLANDOPARKWAY #9
City-State-Zip:	ORLANDO FL 32808

Title	MRS
Name	SMITH, SANDRA
Address	4121 S. LAKE ORLANDO PKWY
City-State-Zip:	ORLANDO FL 32808

*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:** SANDRA MCCLELLAN**TREASURER****02/07/2013**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date