

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Feb 18 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N16927 (8)**  
 1. Corporation Name  
**THE IVANHOE FOUNDATION, INC.**



Principal Place of Business <b>1111 N ORANGE AVE ORLANDO FL 32804 US</b>	Mailing Address <b>1111 N ORANGE AVE ORLANDO FL 32804 US</b>
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3. Date Incorporated or Qualified  
**09/12/1986**

4. FEI Number <b>59-2719717</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  No

9. Name and Address of Current Registered Agent  
**BOYD, RAYMOND  
 500 S ORANGE AVE  
 ORLANDO FL 32801**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BOYD, RAYMOND	
STREET ADDRESS	500 S ORANGE AVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	<del>D</del>	<del><input checked="" type="checkbox"/> DELETE</del>
NAME	<del>GILL, ANN</del>	
STREET ADDRESS	<del>381 W. LAKE FAITH DRIVE</del>	
CITY-ST-ZIP	<del>MAITLAND FL 32751</del>	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	DAVIS, BERYL H	
STREET ADDRESS	400 S ORANGE AVE	
CITY-ST-ZIP	MAITLAND FL	
TITLE	<del>D</del>	<del><input checked="" type="checkbox"/> DELETE</del>
NAME	<del>WAGERS NANCY</del>	
STREET ADDRESS	<del>2832 WESTCHESTER AVENUE</del>	
CITY-ST-ZIP	<del>ORLANDO FL 32803</del>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JIM HINSON	
STREET ADDRESS	60 W ROBINSON ST	
CITY-ST-ZIP	ORLANDO FL	
TITLE	<del>D</del>	<del><input checked="" type="checkbox"/> DELETE</del>
NAME	<del>JOAN ROUTH</del>	
STREET ADDRESS	<del>406 DAVIS DR</del>	
CITY-ST-ZIP	<del>ORLANDO FL</del>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	D SUPOWITZ, LOUIS
2.3 STREET ADDRESS	151 OVERLOOK ROAD
2.4 CITY-ST-ZIP	WINTER PARK, FL 32789
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	D STEILEN, TED
4.3 STREET ADDRESS	TEMPORARY CORPORATE HOUSING OF FLORIDA INC
4.4 CITY-ST-ZIP	4627 PARKBREEZE COURT
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	ORLANDO, FL 32808
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D GROGAN, BETTY
6.3 STREET ADDRESS	1835 BISCAYNE DRIVE
6.4 CITY-ST-ZIP	ORLANDO, FL 32804

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Beryl H. Davis February 13, 1998 (407) 246-2678

CR2E037 (10/97)