


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90172 012 ****61.25

DOCUMENT # N16927
 1. Entity Name
 THE IVANHOE FOUNDATION, INC.



Principal Place of Business Mailing Address
 1111 N ORANGE AVE 1111 N ORANGE AVE
 ORLANDO, FL 32804 US ORLANDO, FL 32804 US

50047739



DO NOT WRITE IN THIS SPACE

02092005 No Chg-NP CR2E037 (10/03)

4. FEI Number
 59-2719717 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 STEILEN, TED H
 4627 PARKBREEZE
 ORLANDO, FL 32808

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	WASHBURN, THOMAS E
STREET ADDRESS	6113 PERSHING AVE
CITY-ST-ZIP	ORLANDO, FL
TITLE	T
NAME	EARL, TRICIA
STREET ADDRESS	1111 N ORANGE AVE
CITY-ST-ZIP	ORLANDO, FL
TITLE	D
NAME	STEILEN, TED
STREET ADDRESS	4627 PARKBREEZE CT 3468 PARKWAY CENTER CT.
CITY-ST-ZIP	ORLANDO, FL 32808
TITLE	D
NAME	DAVIS, BERYL H
STREET ADDRESS	400 S. ORANGE AVE
CITY-ST-ZIP	ORLANDO, FL
TITLE	T
NAME	FENDER, GEORGE
STREET ADDRESS	4836 WOODWARD STREET 4776 NEW BRASS
CITY-ST-ZIP	ORLANDO, FL 32814 ST. Suite 10
TITLE	T
NAME	HINSON, JIM
STREET ADDRESS	60 W. ROBINSON ST.
CITY-ST-ZIP	ORLANDO, FL 32801

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12. 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 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: _____ **DATE:** _____ **Daytime Phone #:** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR