


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90243 040 ****61.25

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



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



2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State: City & State
 Zip: Country

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 | | 7. Name and Address of New Registered Agent | |
|---|--|--|-------------|
| STEILEN, TED H 4627 PARKBREEZE ORLANDO FL 32808 | | 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2006

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 | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | |
|----------------------------|----------------------------------|--|--|---|--|--|---|
| TITLE | T | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | WASHBURN, THOMAS E | | | NAME | | | |
| STREET ADDRESS | 6113 PERSHING AVE | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | ORLANDO FL | | | CITY-ST-ZIP | | | X |
| TITLE | T | <input checked="" type="checkbox"/> Delete | | TITLE | T | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | EARL, TRICIA | | | NAME | FISHER, KATE | | |
| STREET ADDRESS | 1111 N ORANGE AVE | | | STREET ADDRESS | 1111 N. ORANGE AVE. | | |
| CITY-ST-ZIP | ORLANDO FL | | | CITY-ST-ZIP | ORLANDO, FL. 32804 32804 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE | D | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | STEILEN, TED | | | NAME | | | |
| STREET ADDRESS | 3468 PARKWAY CENTER COURT | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | ORLANDO FL 32808 | | | CITY-ST-ZIP | | | |
| TITLE | D | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | DAVIS, BERYL H | | | NAME | | | |
| STREET ADDRESS | 400 S. ORANGE AVE | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | ORLANDO FL | | | CITY-ST-ZIP | | | |
| TITLE | T | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | FENDER, GEORGE | | | NAME | | | |
| STREET ADDRESS | 4776 NEW BROAD STREET, SUITE 100 | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | ORLANDO FL 32814 | | | CITY-ST-ZIP | | | |
| TITLE | T | <input checked="" type="checkbox"/> Delete | | TITLE | T | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | HINSON, JIM | | | NAME | STEWART, STEVE | | |
| STREET ADDRESS | 60 W. ROBINSON ST. | | | STREET ADDRESS | 60 W. ROBINSON ST. | | |
| CITY-ST-ZIP | ORLANDO FL 32801 | | | CITY-ST-ZIP | ORLANDO, FL. 32801 | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  4/11/06 407-292-5822