


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 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
**STEILEN, TED H
 4627 PARKBREEZE
 ORLANDO FL 32808**

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

**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	
TITLE: _____ NAME: WASHBURN, THOMAS E STREET ADDRESS: 6113 PERSHING AVE CITY-ST-ZIP: ORLANDO FL	<input type="checkbox"/> Delete
TITLE: _____ NAME: EARL, TRICIA STREET ADDRESS: 1111 N ORANGE AVE CITY-ST-ZIP: ORLANDO FL	<input checked="" type="checkbox"/> Delete
TITLE: _____ NAME: STEILEN, TED STREET ADDRESS: 3468 PARKWAY CENTER COURT CITY-ST-ZIP: ORLANDO FL 32808	<input type="checkbox"/> Delete
TITLE: _____ NAME: DAVIS, BERYL H STREET ADDRESS: 400 S. ORANGE AVE CITY-ST-ZIP: ORLANDO FL	<input type="checkbox"/> Delete
TITLE: _____ NAME: FENDER, GEORGE STREET ADDRESS: 4776 NEW BROAD STREET, SUITE 100 CITY-ST-ZIP: ORLANDO FL 32814	<input type="checkbox"/> Delete
TITLE: _____ NAME: HINSON, JIM STREET ADDRESS: 60 W. ROBINSON ST. CITY-ST-ZIP: ORLANDO FL 32801	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T NAME: FISHER, KATE STREET ADDRESS: 1111 N. ORANGE AVE. CITY-ST-ZIP: ORLANDO, FL. 32808 32804	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T NAME: STEWART, STEVE STREET ADDRESS: 60 W. ROBINSON ST. CITY-ST-ZIP: ORLANDO, FL. 32801	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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