

**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	
<b>STEILEN, TED H</b> <b>4627 PARKBREEZE</b> <b>ORLANDO FL 32808</b>		Name: _____ Street Address (P.O. Box Number is Not Acceptable): _____ City: _____ <b>FL</b> 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. <del>32804</del> 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