


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 05, 2007 8:00 am
Secretary of State

08-14-2007 90007 009 ****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 - No P.O. Box #		3. Mailing Address	
Suite, Apt #, etc.		Suite, Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-2719717		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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 <u>Russell Allen - Secretary</u> Street Address (P.O. Box Number is Not Acceptable) <u>1111 N. ORANGE AVE</u> City <u>ORLANDO</u> FL Zip Code <u>32804</u>	
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 <u>Russell Allen</u>		DATE <u>8-9-07</u>	
FILE NOW: FEE IS \$61.25 Due By September 5, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	T WASHBURN, THOMAS E. 9113 PERMING AVE ORLANDO FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Mitch Leven, P265 1111 N. ORANGE AVE ORLANDO, FL 32804</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FISHER, KATE 1111 N ORANGE AVE ORLANDO FL 32804	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>ROSEANN HARTLEY 1111 N. ORANGE AVE ORLANDO, FL 32804</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEILEN, TED 3466 PARKWAY CENTER COURT ORLANDO FL 32808	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>RUSSELL ALLEN 1111 N. ORANGE AVE ORLANDO, FL 32804</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D DAVIS, BERYL H 400 S. ORANGE AVE ORLANDO FL 32801</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>T FENDER, GEORGE 4776 NEW BROAD STREET, SUITE 100 ORLANDO FL 32814</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STEWART, STEVE 66 W ROBINSON ST ORLANDO FL 32801	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Tim Hinsow 1111 N. ORANGE AVE ORLANDO, FL 32804</u>
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <u>Russell Allen</u>		DATE: <u>8-30-07</u> 407-426-1733	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	