


**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	
<del>STEILEN, TED H.</del> <del>4627 PARKBREEZE</del> <del>ORLANDO FL 32808</del>		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>	
SIGNATURE: _____ <small>Signature of typed or printed name of registered agent and title if applicable.</small>		(NOTE: Registered Agent signature required when reinstating)	
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: <del>T</del> NAME: <del>WASHBURN THOMAS E</del> STREET ADDRESS: <del>9113 PERMING AVE</del> CITY-ST-ZIP: <del>ORLANDO FL</del>	<input type="checkbox"/> Delete	TITLE: <u>Mitch Leven, P265</u> NAME: <u>1111 N. ORANGE AVE</u> STREET ADDRESS: <u>ORLANDO, FL 32804</u> CITY-ST-ZIP:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <del>T</del> NAME: <del>FISHER KATE</del> STREET ADDRESS: <del>1111 N ORANGE AVE</del> CITY-ST-ZIP: <del>ORLANDO FL 32804</del>	<input type="checkbox"/> Delete	TITLE: <u>ROSEANN HAMILTON</u> NAME: <u>1111 N. ORANGE AVE</u> STREET ADDRESS: <u>ORLANDO, FL 32804</u> CITY-ST-ZIP:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <del>D</del> NAME: <del>STEILEN, TED</del> STREET ADDRESS: <del>3466 PARKWAY CENTER COURT</del> CITY-ST-ZIP: <del>ORLANDO FL 32808</del>	<input type="checkbox"/> Delete	TITLE: <u>RUSSELL ALLEN</u> NAME: <u>1111 N. ORANGE AVE</u> STREET ADDRESS: <u>ORLANDO, FL 32804</u> CITY-ST-ZIP:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <del>D</del> NAME: <u>DAVIS, BERYL H</u> STREET ADDRESS: <u>400 S. ORANGE AVE</u> CITY-ST-ZIP: <u>ORLANDO FL 32801</u>	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: <del>T</del> NAME: <u>FENDER, GEORGE</u> STREET ADDRESS: <u>4776 NEW BROAD STREET, SUITE 100</u> CITY-ST-ZIP: <u>ORLANDO FL 32814</u>	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: <del>T</del> NAME: <del>STEWART, STEVE</del> STREET ADDRESS: <del>66 W ROBINSON ST</del> CITY-ST-ZIP: <del>ORLANDO FL 32801</del>	<input type="checkbox"/> Delete	TITLE: <u>Jim Hinson</u> NAME: <u>1111 N. ORANGE AVE</u> STREET ADDRESS: <u>ORLANDO, FL 32804</u> CITY-ST-ZIP:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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 DAYTIME PHONE #	