


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Feb 18, 2008 8:00 am**  
**Secretary of State**

02-18-2008 90009 004 \*\*\*\*61.25

<b>DOCUMENT # N16927</b> 1. Entity Name <b>THE IVANHOE FOUNDATION, INC.</b>	
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Principal Place of Business <b>1111 N ORANGE AVE ORLANDO FL 32804 US</b>	Mailing Address <b>1111 N ORANGE AVE ORLANDO FL 32804 US</b>
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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1st MOORE CR2E037 (10/07)

<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
ALLEN, RUSSELL 1111 N ORANGE AVE ORLANDO FL 32804		Name Street Address (P.O. Box Number is Not Acceptable) City	
		FL Zip Code	

4. FEI Number <b>59-2719717</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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 registering)

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LEVIN, MITCH 1111 N ORANGE AVE ORLANDO FL 32804	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T HARRINGTON, ROSEANN 1111 N ORANGE AVE ORLANDO FL 32804	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ALLEN, RUSSELL 1111 N ORANGE AVE ORLANDO FL 32804	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DAVIS, BERYL H 400 S. ORANGE AVE ORLANDO FL	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T FENDER, GEORGE 4776 NEW BROAD STREET, SUITE 104 ORLANDO FL 32814	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T HINSON, JIM 1111 N ORANGE AVE ORLANDO FL 32804	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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: Russell P. Allen Russell P. Allen 1-31-08 407-426-1933