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Mar 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **711589** **(2)**

1. Corporation Name

EDISON COMMUNITY COLLEGE FOUNDATION, INC.

Principal Place of Business	Mailing Address
8099 COLLEGE PKWY. S.W. FORT MYERS FL 33919 US	8099 COLLEGE PKWY. S.W. FORT MYERS FL 33919-5566 US

3. Date Incorporated or Qualified: 10/06/1966	3a. Date of Last Report: 02/01/1996
4. FEI Number: 59-6173638	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.: 22	Suite, Apt. #, etc.: 27
City & State: 23	City & State: 28
Zip: 24 Country: 25	Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

DOUGLAS, SUE
8099 COLLEGE PKWY, S.W.
FT MYERS FL 33919

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Sue Douglas 2.19.97
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VPD	☒ DELETE	1.1 TITLE	VPD	☒ Change ☐ Addition
NAME	MANN, MARY LEE		1.2 NAME	MANN, MARY LEE	
STREET ADDRESS	1415 SANDRA DRIVE		1.3 STREET ADDRESS	17281 Brenfield Lane	
CITY-ST-ZIP	FT MYERS FL		1.4 CITY-ST-ZIP	Alva FL 33920	
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SHIMP, STEPHEN C		2.2 NAME		
STREET ADDRESS	11941 FAIRWAY LAKES DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DAVIS, BERNESE B.		3.2 NAME		
STREET ADDRESS	1121 WALES DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SOLOMON, GENE		4.2 NAME		
STREET ADDRESS	1342 COLONIAL BLVD 11		4.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE	D	☒ Change ☐ Addition
NAME	SLUSHER, JAMES A		5.2 NAME	Slusher, James A.	
STREET ADDRESS	P.O. BOX 60210		5.3 STREET ADDRESS	8099 College Pkwy SW	
CITY-ST-ZIP	FORT MYERS FL		5.4 CITY-ST-ZIP	Fort Myers FL 33919	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X Sue Douglas Agent J.J. Slusher Officer 2/18/97 941-489-9036
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0055722