

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 09, 1999 8:00am
Secretary of State

02-09-1999 90002 033 *****70.00

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 711589

1. Corporation Name

EDISON COMMUNITY COLLEGE FOUNDATION, INC.

Principal Place of Business

8099 COLLEGE PKWY. S.W.
FORT MYERS FL 33919
US

Mailing Address

8099 COLLEGE PKWY. S.W.
FORT MYERS FL 33919
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

Country

30

3. Date Incorporated or Qualified

10/06/1966

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

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
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-7-99

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME MANN, MARY LEE
STREET ADDRESS 17281 BRENFIELD LANE
CITY-ST-ZIP ALVA FL

TITLE VPD ☐ DELETE
NAME HARTMAN, NORMAN
STREET ADDRESS 2133 WINKLER AVE
CITY-ST-ZIP FT. MYERS FL 33901

TITLE SD ☐ DELETE
NAME DAVIS, BERNESE B.
STREET ADDRESS 1121 WALES DRIVE
CITY-ST-ZIP FORT MYERS FL

TITLE TD ☐ DELETE
NAME SOLOMON, GENE
STREET ADDRESS 1342 COLONIAL BLVD 11
CITY-ST-ZIP FT MYERS FL

TITLE D ☐ DELETE
NAME SLUSHER, JAMES A
STREET ADDRESS 8099 COLLEGE PKWY S.W.
CITY-ST-ZIP FORT MYERS FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

Sue Douglas
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-7-99

Daytime Phone #

941-489-9259

CR2E037 (1/98)