

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90015 023 ****61.25

DOCUMENT # 711589

1. Entity 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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-6173638

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

Tracey Galloway

8099 College Parkway S.W.

Fort Myers

33919

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.

SIGNATURE

Tracey Galloway

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

(NOTE: Registered Agent signature required when reinstating)

1/14/02

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE **TD** ☐ Delete
 NAME **FOLK, CRAIG**
 STREET ADDRESS **6326 WHISKEY CREEK DRIVE, STE A**
 CITY-ST-ZIP **FORT MYERS FL 33919**

TITLE **PD** ☒ 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 **VPD** ☐ 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **C** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VPD** ☐ Change ☒ Addition
 NAME **Gary V. Trippe**
 STREET ADDRESS **13515 Bell Tower Dr. Sk 200**
 CITY-ST-ZIP **Ft Myers, FL**

12. 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 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:

Tracey Galloway

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/02

Date

941-489-9036

Daytime Phone #

CR2E037 (9/01)