2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2004
Secretary of State

DOCUMENT# 711589

Entity Name: EDISON COMMUNITY COLLEGE FOUNDATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-6173638 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GALLOWAY, TRACEY
8099 COLLEGE PKWY, S.W.
FT MYERS, FL 33919 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	TD	( ) Delete
Name:	FOLK, CRAIG	
Address:	6326 WHISKEY CREEK DRIVE, STE A	
City-St-Zip:	FORT MYERS, FL 33919	
Title:	SD	( ) Delete
Name:	DAVIS, BERNESE B	
Address:	1121 WALES DRIVE	
City-St-Zip:	FORT MYERS, FL 33901	
Title:	C	( ) Delete
Name:	SOLOMON, GENE	
Address:	1342 COLONIAL BLVD 11	
City-St-Zip:	FT MYERS, FL 33907	
Title:	D	( ) Delete
Name:	SLUSHER, JAMES A	
Address:	8099 COLLEGE PKWY S.W.	
City-St-Zip:	FORT MYERS, FL 33919	
Title:	VPD	( ) Delete
Name:	TRIPPE, GARY V	
Address:	13515 BELLTOWER DR STE 200	
City-St-Zip:	FT MYERS, FL 33907	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	TD	(X) Change ( ) Addition
Name:	ERSHOWSKY, STEVEN	
Address:	9240 BONITA BEACH ROAD, #3301	
City-St-Zip:	BONITA SPRINGS, FL 34135	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VPD	(X) Change ( ) Addition
Name:	GATEFF, ANN K	
Address:	PO BOX 511123	
City-St-Zip:	PUNTA GORDA, FL 33951	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GENE SOLOMON C 01/07/2004

Electronic Signature of Signing Officer or Director — Date