

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711589

FILED
Jan 05, 2005
Secretary of State

Entity Name: EDISON COLLEGE FOUNDATION, INC

Current Principal Place of Business:

8099 COLLEGE PKWY. S.W.
FORT MYERS, FL 339195598 US

New Principal Place of Business:

Current Mailing Address:

8099 COLLEGE PKWY. S.W.
FORT MYERS, FL 339195598 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: ERSHOWSKY, STEVEN
Address: 9240 BONITA BEACH ROAD, #3301
City-St-Zip: BONITA SPRINGS, FL 34135

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: GATEFF, ANN K
Address: PO BOX 511123
City-St-Zip: PUNTA GORDA, FL 33951

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

01/05/2005

Electronic Signature of Signing Officer or Director

Date