2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2009
Secretary of State

DOCUMENT# 711589

Entity Name: EDISON STATE 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: T ( ) Delete
Name: SURRATT, TAMMY
Address: 27499 RIVERVIEW CENTER BLVD STE 129
City-St-Zip: BONITA SPRINGS, FL 34135

Title: S ( ) Delete
Name: DAVIS, BERNESE B
Address: 1121 WALES DRIVE
City-St-Zip: FORT MYERS, FL 33901

Title: P ( ) Delete
Name: SCHULTZ, BRUCE
Address: 9299 COLLEGE PARKWAY STE 5
City-St-Zip: FORT MYERS, FL 33919

Title: VP ( ) Delete
Name: KORN, JASON
Address: 27200 RIVERVIEW CENTER BLVD, STE 309
City-St-Zip: BONITA SPRINGS, FL 34135

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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: BRUCE SCHULTZ P 01/15/2009

Electronic Signature of Signing Officer or Director — Date