

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N27446 (6)
1. Corporation Name
THE EDISON OPTIMIST CLUB OF FORT MYERS, INC.



Principal Place of Business: **63714 PRESIDENTIAL CT FORT MYERS FL 33919**
Mailing Address: **2041 VIRGINIA AVE. FT. MYERS FL 33901 US**

3. Date Incorporated or Qualified: **07/15/1988**
3a. Date of Last Report: **03/28/1995**

2. Principal Place of Business: **21**
2a. Mailing Address: **1470 Xavier Ave.**
26. Suite, Apt. #, etc.: **1411 S. Grand Ave.**
27. Suite, Apt. #, etc.:
23. City & State: **FT. MYERS, FL.**
28. City & State:
24. Zip: **33919** Country: **US**
25. Zip: Country:

4. FEI Number: **65-0075690**
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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent:
**STEWART, ROBERT D
2040 VIRGINIA AVE.
FT. MYERS FL 33901**

10. Name and Address of New Registered Agent:
81 Name: **Bill Mattingly**
82 Street Address (P.O. Box Number is Not Acceptable): **1470 Xavier Avenue**
83 **1411 S. Grand Ave**
84 City: **FT Myers** FL 85 Zip Code: **33919**

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: *[Signature]* DATE: **6/19/96**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	BAKER, GARY	
STREET ADDRESS	5855 LITTLESTONE CT.	
CITY-ST-ZIP	N. FT. MYERS FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MAHAN, KATHY	
STREET ADDRESS	3886 HIDDEN ACRES	
CITY-ST-ZIP	N. FT. MYERS FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	GRIFFEY, ROGER K	
STREET ADDRESS	8807 GENEVA ST	
CITY-ST-ZIP	FORT MYERS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COLEMAN, JOE	
STREET ADDRESS	1214 SE VAN LOON TR	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	STEWART, ROBERT D	
STREET ADDRESS	2040 VIRGINIA AVE.	
CITY-ST-ZIP	FT. MYERS FL 33901	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	INSIGNARES, LUIS	
STREET ADDRESS	8494-8 CHARTER CLUB CIR	
CITY-ST-ZIP	FORT MYERS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Bill Mattingly	
1.3 STREET ADDRESS	1470 Xavier Avenue	
1.4 CITY-ST-ZIP	FT. MYERS, FL. 33919	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *[Signature]* DATE: **6/11/96** 941-334-1363
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (3/96)