

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Jan 31 1997 8:00am  
Secretary of State**

**NONPROFIT CORPORATION  
ANNUAL REPORT  
1997**



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  
**6371-4 PRESIDENTIAL CT  
FORT MYERS FL 33919**

Mailing Address  
**1470 XAVIER AVENUE  
FT. MYERS FL 33919-5033  
US**

3. Date Incorporated or Qualified  
**07/15/1988**

3a. Date of Last Report  
**06/25/1996**

4. FEI Number  
**65-0075690**

Applied For  
 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

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip Country  
24

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip Country  
29

9. Name and Address of Current Registered Agent  
**MATTINGLY, BILL  
1470 XAVIER AVENUE  
FT. MYERS FL 33919**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BAKER, GARY</b>	
STREET ADDRESS	<b>5855 LITTLESTONE CT.</b>	
CITY-ST-ZIP	<b>N. FT. MYERS FL</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MAHAN, KATHY</b>	
STREET ADDRESS	<b>3886 HIDDEN ACRES</b>	
CITY-ST-ZIP	<b>N. FT. MYERS FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>MATTINGLY, BILL</b>	
STREET ADDRESS	<b>1470 XAVIER AVENUE</b>	
CITY-ST-ZIP	<b>FT. MYERS FL 33919</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>COLEMAN, JOE</b>	
STREET ADDRESS	<b>1214 SE VAN LOON TR</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>STEWART, ROBERT D</b>	
STREET ADDRESS	<b>2040 VIRGINIA AVE.</b>	
CITY-ST-ZIP	<b>FT. MYERS FL 33901</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>Ron Opatich P</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>12995 So. Cleveland, Suite 105</b>	
1.3 STREET ADDRESS	<b>Fort Myers, FL 33907</b>	
1.4 CITY-ST-ZIP		
2.1 TITLE	<b>Rafael Burgos, Jr. VP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>2122 NE 1st Terrace</b>	
2.3 STREET ADDRESS	<b>Cape Coral, FL 33909</b>	
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	<b>Mark Dice VP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>3300-4 Royal Canadian Trace</b>	
4.3 STREET ADDRESS	<b>Fort Myers, FL 33907</b>	
4.4 CITY-ST-ZIP		
5.1 TITLE		<input 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **1/8/97** **941/936-1170**  
Date Daytime Phone # **0065642**

CR2E037 (9/96)