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**Feb 06 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998



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 US

3. Date Incorporated or Qualified: **07/15/1988**
4. FEI Number: **65-0075690**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields for Suite, City, State, Zip, and Country.

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 (81-85) fields for Name, Street Address, City, and 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: _____ DATE: _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P
NAME	OPATICH, RON	1.2 NAME	Robert Henderson
STREET ADDRESS	12995 S. CLEVELAND, SUITE 105	1.3 STREET ADDRESS	16150 Bay Pointe Blvd NE, B-307
CITY-ST-ZIP	FORT MYERS FL	1.4 CITY-ST-ZIP	North Fort Myers, FL 33917
TITLE	VP	2.1 TITLE	VP
NAME	BURGOS, RAFAEL JR.	2.2 NAME	Jim Dodson
STREET ADDRESS	2122 NE 1ST TERRACE	2.3 STREET ADDRESS	P.O. Box 61093 618 SE 20th St.
CITY-ST-ZIP	CAPE CORAL FL	2.4 CITY-ST-ZIP	Fort Myers, FL 33946 Cape Coral, FL 33990
TITLE	T	3.1 TITLE	
NAME	MATTINGLY, BILL	3.2 NAME	
STREET ADDRESS	1470 XAVIER AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL 33919	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	D
NAME	COLEMAN, JOE	4.2 NAME	Tom Swisher
STREET ADDRESS	1214 SE VAN LOON TR	4.3 STREET ADDRESS	4560 Via Royale suite #1
CITY-ST-ZIP	CAPE CORAL FL	4.4 CITY-ST-ZIP	Fort Myers, FL 33919
TITLE	D	5.1 TITLE	
NAME	STEWART, ROBERT D	5.2 NAME	
STREET ADDRESS	2040 VIRGINIA AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL 33901	5.4 CITY-ST-ZIP	
TITLE	VP	6.1 TITLE	D
NAME	DICE, MIKE	6.2 NAME	Jim Gibson
STREET ADDRESS	3300-4 ROYAL CANADIAN TRACE	6.3 STREET ADDRESS	1308 SE 31st street
CITY-ST-ZIP	FT. MYERS FL	6.4 CITY-ST-ZIP	Cape Coral, FL 33904

Change Addition

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14. I 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 REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: **1/8/98** Daytime Phone #: **941/936-1120**

CR2E037 (10/97)