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Feb 01, 1999 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

02-01-1999 90008 048 \*\*\*\*\*61.25

DOCUMENT # N27446

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



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

07/15/1988

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P  DELETE

NAME HENDERSON, ROBERT  
STREET ADDRESS 16150 BAY POINTE BLVD NE B-307  
CITY-ST-ZIP NORTH FT MYERS FL 33917

TITLE VP  DELETE

NAME DODSON, JIM  
STREET ADDRESS 618 SE 20TH ST  
CITY-ST-ZIP CAPE CORAL FL 33990

TITLE T  DELETE

NAME MATTINGLY, BILL  
STREET ADDRESS 1470 XAVIER AVENUE  
CITY-ST-ZIP FT. MYERS FL 33919

TITLE D  DELETE

NAME SWISHER, TOM  
STREET ADDRESS 4560 VIA ROYALE STE 1  
CITY-ST-ZIP FORT MYERS FL 33919

TITLE D  DELETE

NAME STEWART, ROBERT D  
STREET ADDRESS 2040 VIRGINIA AVE.  
CITY-ST-ZIP FT. MYERS FL 33901

TITLE VP  DELETE

NAME GIBSON, JIM  
STREET ADDRESS 1308 SE 31ST ST  
CITY-ST-ZIP CAPE CORAL FL 33904

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

~~SIGNATURE REQUIRED~~  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/14/99

941/946-1120