


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2005 08:00 AM
Secretary of State

DOCUMENT # N27446
 1. Entity Name
THE EDISON OPTIMIST CLUB OF FORT MYERS, INC.



Principal Place of Business
1470 XAVIER AVE
FORT MYERS, FL 33919

Mailing Address
1470 XAVIER AVENUE
FT. MYERS, FL 33919 US

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01052005 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0075690 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MATTINGLY, BILL
1470 XAVIER AVENUE
FT. MYERS, FL 33919

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MATTINGLY, BILL 1470 XAVIER AVENUE FT. MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MATTINGLY, DANNY 1411 S GROVE AVE FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCLURE, JIM 4324 SE 1ST PLACE CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/10/05-80022-021 61.25

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Bill Mattingly **Bill Mattingly** 1/4/05 239/549-1388
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #