


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # N27446 1. Entity Name THE EDISON OPTIMIST CLUB OF FORT MYERS, INC.	
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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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DO NOT WRITE IN THIS SPACE



01092006 No Chg-NP CR2E037 (11/05)

4. FEI Number 65-0075690	Applied For Not Applicable
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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

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2006**


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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

100000383933
01/13/06-80021-012 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  DATE: 1/12/06 DAYTIME PHONE #: 239/549-1388

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bill A. Mattingly, Treasurer