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Jan 30 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 # **N94000000289 (8)**

1. Corporation Name

THE FRIENDS OF EDISON IN FORT MYERS, INC.

Principal Place of Business	Mailing Address
4540 S. CLEVELAND AVE. FT. MYERS FL 33902	PO BOX 70 FT. MYERS FL 33902-0070

3. Date Incorporated or Qualified: 01/19/1994
3a. Date of Last Report: 06/06/1996

2. Principal Place of Business
21: 1800 Boy Scout Dr.
22: Suite, Apt. #, etc.
23: City & State
24: Zip
25: Country

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

4. FEI Number: 65-0525651 ☐ 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

9. Name and Address of Current Registered Agent

SMOOT, J. TOM JR.
12800 UNIVERSITY PARK DR.
FT. MYERS FL 33906

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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	GALLOWAY, SAM JR.		1.2 NAME		
STREET ADDRESS	4540 S. CLEVELAND AVE.		1.3 STREET ADDRESS	1800 Boy Scout Dr.	
CITY-ST-ZIP	FT. MYERS FL 33902		1.4 CITY-ST-ZIP	FT. Myers, FLA	
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	EDWARDS, SUZANNE		2.2 NAME		
STREET ADDRESS	6923 OLD WHISKEY CREEK DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL 33919		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BRINSON, SIDNEY A		3.2 NAME		
STREET ADDRESS	12593 MCGREGOR BLVD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL 33919		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HIGGINS, DAVID		4.2 NAME		
STREET ADDRESS	3949 EVANS AVE.		4.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL 33901		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BIFFAR, JOHN		5.2 NAME		
STREET ADDRESS	11000-2 METRO PARKWAY		5.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL 33912		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BOCETTE, L.D.		6.2 NAME		
STREET ADDRESS	2413 MCGREGOR BLVD.		6.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL 33901		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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.