

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000003798

**FILED**  
**Apr 29, 2016**  
**Secretary of State**  
**CC6757662240**

**Entity Name:** EDISON EDUCATIONAL INSTITUTE, INC.

**Current Principal Place of Business:**

13111 ATLANTIC BOULEVARD, SUITE 3  
JACKSONVILLE, FL 32225

**Current Mailing Address:**

13111 ATLANTIC BOULEVARD, SUITE 3  
JACKSONVILLE, FL 32225

**FEI Number:** 47-4003055

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

REESE, CHRISTY  
13111 ATLANTIC BOULEVARD, SUITE 3  
JACKSONVILLE, FL 32225 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            RUSH, CHRISTOPHER  
Address        6 COVENTRY COURT  
City-State-Zip: BERLIN MD 21811

Title            VP, DIRECTOR  
Name            BOCH, TOM  
Address        35 SKYLINE DRIVE  
City-State-Zip: MECHANICSBURG PA 17050

Title            DIRECTOR  
Name            MILLER, GREGORY D  
Address        12880 MAJESTIC VIEW ESTATES  
City-State-Zip: RIVERDALE NE 68870

Title            SECRETARY, DIRECTOR  
Name            HOLMAN, LYNSY A  
Address        PO BOX 166  
City-State-Zip: MONTICELLO GA 31064

Title            TREASURER, DIRECTOR  
Name            TRANAKOS, PETER T  
Address        2941 PIEDMONT ROAD  
                 SUITE F  
City-State-Zip: ATLANTA GA 30305

Title            ASST. SECRETARY, DIRECTOR  
Name            OSBORNE, CHRISTIE  
Address        7530 GOODWIN ROAD  
City-State-Zip: CHATTANOOGA TN 37421

Title            DIRECTOR  
Name            LOWERY, WADE  
Address        4829 EAST BELTLINE  
                 SUITE 304  
City-State-Zip: GRAND RAPIDS MI 49525

Title            DIRECTOR  
Name            CARTER, AVA  
Address        1567 EASTMAN ROAD  
City-State-Zip: KINGSPORT TN 37664

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** CHRISTOPHER RUSH

**PRESIDENT**

**04/29/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date