

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 31 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # N27446 (6)
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 33919-5033
US3. Date Incorporated or Qualified
07/15/1988
3a. Date of Last Report
06/25/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 65-0075690		Applied For Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 Zip		28 Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
24 Country		29 Country					

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MATTINGLY, BILL
1470 XAVIER AVENUE
FT. MYERS FL 33919

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	Ron Opatich P <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, GARY	1.2 NAME	12995 So. Cleveland, Suite 105
STREET ADDRESS	5855 LITTLESTONE CT.	1.3 STREET ADDRESS	Fort Myers, FL 33907
CITY-ST-ZIP	N. FT. MYERS FL	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	Rafael Burgos, Jr. VP <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAHAN, KATHY	2.2 NAME	2122 NE 1st Terrace
STREET ADDRESS	3886 HIDDEN ACRES	2.3 STREET ADDRESS	Cape Coral, FL 33909
CITY-ST-ZIP	N. FT. MYERS FL	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	
NAME	MATTINGLY, BILL	3.2 NAME	
STREET ADDRESS	1470 XAVIER AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL 33919	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	Mark Dice VP <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLEMAN, JOE	4.2 NAME	3300-4 Royal Canadian Trace
STREET ADDRESS	1214 SE VAN LOON TR	4.3 STREET ADDRESS	Fort Myers, FL 33907
CITY-ST-ZIP	CAPE CORAL FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	STEWART, ROBERT D	5.2 NAME	
STREET ADDRESS	2040 VIRGINIA AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL 33901	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/97

941/936-1170

Date

Daytime Phone # 0065642

CR2E037 (9/96)