

**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.**



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

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



01092006 No Chg-NP CR2E037 (11/05)

4. FEI Number **65-0075690** Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**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 ☐ **\$5.00** May Be  
Trust Fund Contribution. Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE **STD**  
NAME **MATTINGLY, BILL**  
STREET ADDRESS **1470 XAVIER AVENUE**  
CITY-ST-ZIP **FT. MYERS, FL 33919**

TITLE **PD**  
NAME **MATTINGLY, DANNY**  
STREET ADDRESS **1411 S GROVE AVE**  
CITY-ST-ZIP **FORT MYERS, FL 33919**

TITLE **D**  
NAME **MCCLURE, JIM**  
STREET ADDRESS **4324 SE 1ST PLACE**  
CITY-ST-ZIP **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

100000383933  
01/13/06-80021-012 61.25

**DO NOT WRITE  
IN THIS SPACE**

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: Bill A. Mattingly  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/06 239/549-1388  
Date Daytime Phone #

*Bill A. Mattingly, Treasurer*