

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-09-2003 90078 002 ****61.25

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0075690**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MATTINGLY, BILL
1470 XAVIER AVENUE
FT. MYERS FL 33919**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE
NAME **P D** ☐ Change ☒ Addition
STREET ADDRESS **Danny Mattingly**
CITY-ST-ZIP **1411 S. Grove Ave
Fort Myers, FL 33919**

TITLE
NAME **D** ☐ Delete
STREET ADDRESS
CITY-ST-ZIP **SWISHER, TOM
4560 VIA ROYALE STE 1
FORT MYERS FL 33919**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME **D** ☒ Delete
STREET ADDRESS
CITY-ST-ZIP **STEWART, ROBERT D
2040 VIRGINIA AVE.
FT. MYERS FL 33901**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME **P** ☒ Delete
STREET ADDRESS
CITY-ST-ZIP **GIBSON, JIM
1308 SE 31ST ST
CAPE CORAL FL 33904**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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NAME
STREET ADDRESS
CITY-ST-ZIP

12. I 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)