2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30070

FILED Apr 21, 2009 Secretary of State

Entity Name: EDISON PAGEANT OF LIGHT OF FORT MYERS, INC.

Current Principal Place of Business: New Principal Place of Business: 2211 CLEVELAND AVE US FORT MYERS, FL 33901 **Current Mailing Address: New Mailing Address:** P.O. BOX 1311 FORT MYERS, FL 33902 US FEI Number: 59-0606319 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HARTMAN, NORMAN 11361 PONDEROSA WAY FT. MYERS, FL 33907 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete SARLO, TONY JOHNSTON, JR., RICHARD Name: Name: 5553 SHADDELEE LN W Address: 12511 MARINA CLUB DR Address: City-St-Zip: FORT MYERS, FL 33901 City-St-Zip: FT MYERS, FL 33919 Title: TD () Delete Title: () Change () Addition MANN, IAN Name: Name: Address: 4343 JAMI COURT Address: City-St-Zip: FT MYERS, FL 33901 City-St-Zip: Title: () Delete Title: (X) Change () Addition HENDERSON, RANDALL P BELL, CECELIA Name: Name: 7508 WOODLAND BEND CIR Address: 4343 JAMI CT Address: City-St-Zip: FORT MYERS, FL 33901 City-St-Zip: FT MYERS, FL 33912 Title: SD () Delete Title: VD (X) Change () Addition Name: GAYLOR, PHILLIP M Name: FOSTER, TIMOTHY 3943 ROOSEVELET AVE 1338 JAMBALANA LN Address: Address: City-St-Zip: FORT, FL 33901 City-St-Zip: FT MYERS, FL 33901 Title: () Delete Title: () Change (X) Addition CARTER, MARGARET Name: Name: 1324 LYNWOOD AVE Address: Address: City-St-Zip: City-St-Zip: FT MYERS, FL 33901 Title: () Delete Title: () Change (X) Addition FETTERHOFF, CYNTHIA Name: Name: Address: Address: 13756 BRYNWOOD LN FT MYERS, FL 33912 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: IAN F MANN TD 04/21/2009