

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N30070

**FILED**  
**Mar 14, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

2211 CLEVELAND AVE  
FORT MYERS, FL 33901 US

**New Principal Place of Business:**

2500 FIRST STREET  
FORT MYERS, FL 33901 US

**Current Mailing Address:**

P.O. BOX 1311  
FORT MYERS, FL 33902 US

**New Mailing Address:**

**FEI Number:** 59-0606319      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

HARTMAN, NORMAN  
11361 PONDEROSA WAY  
FT. MYERS, FL 33907 US

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

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:**

Title: PD  
Name: BELL, CECILIA  
Address: 14300 RIVA DEL LAGO DRIVE APT 1503  
City-St-Zip: FT MYERS, FL 33907

Title: TD  
Name: KEENE, WILLIAM  
Address: 10 GEORGETOWN  
City-St-Zip: FT MYERS, FL 33919

Title: VD  
Name: UNDERHILL, TIM  
Address: 1030 IONE DRIVE  
City-St-Zip: FT MYERS, FL 33919

Title: VD  
Name: MANN, IAN  
Address: 4343 JAMI CORT  
City-St-Zip: FT MYERS, FL 33901

Title: SD  
Name: FOLAROS, JEANANNE  
Address: 3407 W RIVERSIDE DRIVE  
City-St-Zip: FT MYERS, FL 33901

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: WILLIAM KEENE

TREA

03/14/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date