SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 12 AM 10:15

DOCUMENT # N31678 (8)

1. Corporation Name
EDISON FESTIVAL OF LIGHT, INC.

Principal Place of Business	Mailing Address
% THOMAS B. HART PO BOX 1056 2210 BAY ST FORT MYERS FL 33901	% THOMAS B. HART PO BOX 1056 2210 BAY ST FORT MYERS FL 33901

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/12/1989
3a. Date of Last Report: 04/29/1994
4. FEI Number: 65-0118122 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

HART, THOMAS B.
1625 HENDRY ST
S301
FORT MYERS FL 33901

10. Name and Address of New Registered Agent

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 _____ DATE 6/6/95
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	11 TITLE	President	☒ Change ☐ Addition
NAME	DEAN, ROBERT S. J	12 NAME	Bob Kaye	
STREET ADDRESS	2624 HANSON STREET	13 STREET ADDRESS	2133 Broadway	
CITY-ST-ZIP	FT MYERS FL	14 CITY-ST-ZIP	Fort Myers, Fl 33901	
TITLE	PD	21 TITLE	First Vice President XX	☐ Change ☐ Addition
NAME	ORTHMAN, THOMAS F.	22 NAME	Robert Himschoot NA	
STREET ADDRESS	5050 NORTHHAMPTON DR.	23 STREET ADDRESS	P. O. Box 6895	
CITY-ST-ZIP	FORT MYERS FL	24 CITY-ST-ZIP	Fort Myers, Fl 33911	
TITLE	DT	31 TITLE		☐ Change ☐ Addition
NAME	THOMPSON, SHARON	32 NAME		
STREET ADDRESS	30 TIMBERLAND CIRCLE	33 STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL	34 CITY-ST-ZIP		
TITLE	VP	41 TITLE	Secretary	☒ Change ☐ Addition
NAME	HELMERICH, FRANK	42 NAME	Alan White	
STREET ADDRESS	5845 RIVERSIDE LAND	43 STREET ADDRESS	1560 Marvilla Ave	
CITY-ST-ZIP	FT MYERS FL	44 CITY-ST-ZIP	Fort Myers, Fl 33901	
TITLE	SD	51 TITLE	Treasurer	☐ Change ☐ Addition
NAME	CARY, KEITH	52 NAME	Marvin Metheny	
STREET ADDRESS	1700 MONROE ST.	53 STREET ADDRESS	1636 Hendry Street	
CITY-ST-ZIP	FT. MYERS FL	54 CITY-ST-ZIP	Fort Myers, Fl 33901	
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	HART, THOMAS B.	62 NAME		
STREET ADDRESS	1625 HENDRY STREET	63 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL	64 CITY-ST-ZIP		

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____ 6/6/95 334-2999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0014372