2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2007 08:00 AM
Secretary of State

DOCUMENT # N31678

1. Entity Name
EDISON FESTIVAL OF LIGHT, INC.

Principal Place of Business	Mailing Address
1300 HENDRY STREET FORT MYERS, FL 33901	1300 HENDRY STREET FORT MYERS, FL 33901

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01172007 No Chg-NP CR2E037 (4/06)

4. FEI Number
65-0118122
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PHILLIPS, LOUISE
1300 HENDRY STREET
FORT MYERS, FL 33901

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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, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MANN, JR., FRANK
STREET ADDRESS	24 GEORGETOWN
CITY-ST-ZIP	FORT MYERS, FL 33919
TITLE	1VPD
NAME	STAGE, STEVE
STREET ADDRESS	1561 PASSAIC AVENUE
CITY-ST-ZIP	FORT MYERS, FL 33901
TITLE	2VPD
NAME	CLINGER, JOHN
STREET ADDRESS	13250 UNIVERSITY CENTER BLVD.
CITY-ST-ZIP	FORT MYERS, FL 33901
TITLE	TD
NAME	PHILLIPS, LOUISE
STREET ADDRESS	14201 JETPORT LOOP
CITY-ST-ZIP	FORT MYERS, FL 33913
TITLE	SD
NAME	HAMEL-JONES, LAURA
STREET ADDRESS	3860 COLONIAL BLVD. - SUITE 200
CITY-ST-ZIP	FORT MYERS, FL 33912
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/22/07-80021-005 61.25

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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: Louise Phillips 1.17.07 239.334.2999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #