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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N93000005450 (2)

1. Corporation Name

EDISON INVENTORS ASSOCIATION, INCORPORATED

Principal Place of Business

**9299 MOORING CIRCLE
FT MYERS FL 33912
US**

Mailing Address

**P.O. BOX 07398
FT MYERS FL 33919**



3. Date Incorporated or Qualified
12/03/1993

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**METCALFE, CAROL C
1449 MEDOC LANE
FT MYERS FL 33919**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VD** ☐ DELETE
NAME **KLEIN, JED**
STREET ADDRESS **9710 GALLEY CT**
CITY-ST-ZIP **CAPE CORAL FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **VD** ☒ DELETE
NAME **BURGESS, JOE**
STREET ADDRESS **6282 MORGAN LAFFEE LANE**
CITY-ST-ZIP **CAPE CORAL FL**

2.1 TITLE **YD** ☒ Change ☐ Addition
2.2 NAME **JEROME F. ERICKSEN**
2.3 STREET ADDRESS **3329 S.E. 17TH AVENUE**
2.4 CITY-ST-ZIP **CAPE CORAL, FL 33904**

TITLE **P** ☐ DELETE
NAME **NELSON, GARY**
STREET ADDRESS **9299 MOORING CIRCLE**
CITY-ST-ZIP **FT MYERS FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **KLEIN, JAN**
STREET ADDRESS **9710 GALLEY COURT**
CITY-ST-ZIP **FORT MYERS FL**

4.1 TITLE **YD** ☐ Change ☐ Addition
4.2 NAME **SCOTT WHITE**
4.3 STREET ADDRESS **1625 GROVE AVENUE**
4.4 CITY-ST-ZIP **FORT MYERS, FL 33901**

TITLE **TS** ☐ DELETE
NAME **METCALFE, CAROL C**
STREET ADDRESS **1449 MEDO CLANE**
CITY-ST-ZIP **FORT MYERS FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS **1449 MEDOC LANE**
5.4 CITY-ST-ZIP

TITLE **S** ☐ DELETE
NAME **SLOUF, BETH**
STREET ADDRESS **9710 GALLEY CT**
CITY-ST-ZIP **CAPE CORAL FL**

6.1 TITLE **S** ☒ Change ☐ Addition
6.2 NAME **BETH SLOUF**
6.3 STREET ADDRESS **186 TROPICANA**
6.4 CITY-ST-ZIP **PUNTA GORDA, FL 33950**

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:

Carol C. Metcalfe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/96 941-267-0309

CR2E037 (12/95)