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FILED

Feb 18 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

Mailing Address

9299 MOORING CIRCLE
FT MYERS FL 33912
USP.O. BOX 07398
FT MYERS FL 33919-03913. Date Incorporated or Qualified
12/03/19933a. Date of Last Report
04/29/1996

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

4. FEI Number

65-0455261

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes ☒ No

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

SYLVIA DAVIS

82 Street Address (P.O. Box Number is Not Acceptable)

83 5300-4 SUMMERLIN RD

84 City

FT MYERS

FL

85 Zip Code

33919

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 file 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 FL1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE VD ☐ DELETE
NAME JEROME F. ERICKSEN
STREET ADDRESS 3329 SE 17TH AVE
CITY-ST-ZIP CAPE CORAL FL2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE P ☐ DELETE
NAME NELSON, GARY
STREET ADDRESS 9299 MOORING CIRCLE
CITY-ST-ZIP FT MYERS FL3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE VD ☐ DELETE
NAME SCOTT WHITE
STREET ADDRESS 1525 GROVE AVE
CITY-ST-ZIP FORT MYERS FL4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE TS ☒ DELETE
NAME METCALFE, CAROL C
STREET ADDRESS 1449 MEDOC LANE
CITY-ST-ZIP FORT MYERS FL5.1 TITLE ☒ Change ☒ Addition
5.2 NAME TS SYLVIA DAVIS
5.3 STREET ADDRESS 5300-4 Summerlin Rd
5.4 CITY-ST-ZIP FT MYERS, FL 33919TITLE S ☒ DELETE
NAME SLOUF, BETH
STREET ADDRESS 186 TROPICANA
CITY-ST-ZIP PUNTA GORDA FL6.1 TITLE ☒ Change ☒ Addition
6.2 NAME S LAURA BARRON
6.3 STREET ADDRESS PO BOX 215
6.4 CITY-ST-ZIP ESTERO, FL 33928

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0065348

CP2E037 (9/96)