

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 08, 1999 8:00 am**  
**Secretary of State**

03-08-1999 90043 021 \*\*\*\*61.25

0060987

**DOCUMENT # N93000005450**

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

12/03/1993

4. FEI Number

65-0455261

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

9. Name and Address of Current Registered Agent

NOONAN, WILLIAM ATTY.  
8250 COLLEGE PARKWAY  
SUITE 202  
FORT MYERS FL 33919

10. Name and Address of New Registered Agent

81 Name

GARY H. NELSON

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

9299 MOORING CIRCLE

83

84 City

FT MYERS

FL

85 Zip Code

33912

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

GARY H. NELSON

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

(NOTE: Registered Agent signature required when reinstating)

1/22/99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE  
NAME KLEIN, JED  
STREET ADDRESS 3710 GALLEY COURT  
CITY-ST-ZIP CAPE CORAL FL

TITLE ☐ DELETE  
NAME SHALLBETTER, AL  
STREET ADDRESS 3703 BAYVIEW AVENUE N.W.  
CITY-ST-ZIP ST. JAMES CITY FL 33956

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

TITLE ☐ DELETE  
NAME NOONAN, WILLIAM  
STREET ADDRESS 8250 COLLEGE PARKWAY  
CITY-ST-ZIP FORT MYERS FL 33919

TITLE ☐ DELETE  
NAME BARROW, LAURA  
STREET ADDRESS 18136 HORSESHOE BAY CIRCLE  
CITY-ST-ZIP FORT MYERS FL 33912

TITLE ☐ DELETE  
NAME ANN WHITING  
STREET ADDRESS 1840 MARAVILLA AVE #806  
CITY-ST-ZIP FT MYERS FL 33901

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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

4.1 TITLE DIRECTOR ☒ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE DIRECTOR ☒ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: GARY H. NELSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/22/99

Daytime Phone #

941 261-9946

CR2E037 (1/98)