FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9300005450

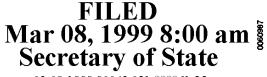
1. Corporation Name

EDISON INVENTORS ASSOCIATION, INCORPORATED

Principal Place of Business									
9299 MOORING CIRCLE									
FT MYERS FL 33912									
110									

Mailing Address

P.O. BOX 07398 FT MYERS FL 33919



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

2. Principal Pl	ace of Business	2a. Mailing Address			3. Date incorporated or Guained 12/03/1993						
21		26	A 1 11 . 1.		·-		12/03/1993 4. FEI Number			olied For	
Suite, Apt.	#, etc.	<u> </u>	Apt. #, etc.				65-0455261		 	Applicable	
22		27 City 9	State		·		00 0400201		\$8.75 A		
City & State	e	28	State				5. Certifcate of Status Des	sired 🗌	Fee Re		
Zip	Country Zip C				ountry 6. Election Campaign Financing			\$5.00	· 1		
24	25 29 30				Trust Fund Contribution Added to Fee					Fees	
		10. Name and Address of New Registered Agent									
					Name	6	ARY H. NE	LSON		ļ	
NOONAN, WILLIAM ATTY.					82 Street Address (P.O. Box Number is Not Acceptable)						
8250 COLLEGE PARKWAY					9299 MOONING CIRCLE						
SUITE 202					3						
FORT MYERS PL 33919					14 City				85 Zip 0	ode	
·						2-1	MYERS	Fi	- > >	//	
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											
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, Floring Statutes.											
(-100 H) 51 COA) /0/ -0. /7 // 1/ Vac 1/22/94											
SIGNATURE	Signature, typed or printed name of registered agent ar	d title if applicab	de. (NOTE: R	gistered A	genysignature re	equired wh		DATE			
12.	OFFICERS AND	DIRECTOR		13.	7		ADDITIONS/CHANGES	TO OFFICERS A			
TITLE	-∨D		☐ DELETE	1.11002	€	DIR.	ECTOR		Change	☐ Addition	
NAME	KLEIN, JED			1.2 NAM	E						
STREET ADDRESS	3710 GALLEY COURT			1.3 STR	EET ADDRESS					Ì	
CITY-ST-ZIP	CAPE CORAL FL			1.4 CITY	-ST-ZIP						
TITLE	VD		☐ DELETE	2.1 TITL	£			,	Change	☐ Addition	
NAME	SHALLBETTER, AL			2.2 NAM	E						
STREET ADDRESS	3703 BAYVIEW AVENUE N.W.			2.3 STR	EET ADDRESS						
CITY-ST-ZIP	-ST JAMES CITY: FL: 33956			-2. 4 CIT	/-ST-ZIP	=					
TITLE	P ·		☐ DELETE	3.1 TITL	E				☐ Change	☐ Addition	
NAME	NELSON, GARY			3.2 NAM	ε						
STREET ADDRESS	9299 MOORING CIRCLE			3.3 STR	EET ADDRESS					1	
CITY-ST-ZIP	FT MYERS FL			3.4. CIT	r-ST-ZIP						
TITLE	-8-		☐ DELETE	4.1 TITL	E	DIR	ECTOR		(Change	Addition	
NAME	NOONAN, WILLIAM			4. 2 NA	Æ ,						
STREET ADDRESS	8250 COLLEGE PARKWAY			4.3 STR	EET ADDRESS					ļ	
CITY-ST-ZIP	FORT MYERS FL 33919			4.4 CITY	-ST-ZIP			,			
TITLE	₹∕D		☐ DELETE	5.1 TITL	E	DIR	Ecron		🔀 Change	☐ Addition	
NAME	BARROW, LAURA			5.2 NAM	E						
STREET ADDRESS				5.3 STR	EET ADDRESS						
CITY-ST-ZIP	FORT MYERS FL 33912			5.4 CITY	-ST-ZIP .						
TITLE	TREASURER		☐ DELETE	6.1 TITL	E				Change	Addition	
NAME	A MILL WHITING			6.2 NAM	E					ļ	
STREET ADDRESS		*806		6.3 STR	EET ADDRESS						
CITY_ST_7ID	ET MUERS FI	33901		6.4 CITY	′-ST-ZIP					1	

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 suppliemental 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 fike empowered.

SIGNATURE

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

1/22/99 94/261-9146 Date Daylime Phone #

JRZE03/ (11/98)