

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005450

FILED
Jan 18, 2006
Secretary of State

Entity Name: EDISON INVENTORS ASSOCIATION, INCORPORATED

Current Principal Place of Business:

9299 MOORING CIRCLE
FT MYERS, FL 33912 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 07398
FT MYERS, FL 33919

New Mailing Address:

FEI Number: 65-0455261

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NELSON, GARY H
9299 MOORING CIR
FORT MYERS, FL 33912 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: WATTERS, WARREN
Address: PO BOX 478
City-St-Zip: PLACIDA, FL 33946

Title: D () Delete
Name: WHITESIDE, THOMAS
Address: 950 MOODY RD 109
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: P () Delete
Name: NELSON, GARY
Address: 9299 MOORING CIRCLE
City-St-Zip: FT MYERS, FL

Title: D () Delete
Name: LAPOINTE, DENNIS
Address: 17757 US 19N STE 500
City-St-Zip: CLEARWATER, FL 33764

Title: D () Delete
Name: IVKO, JOE
Address: 5657 AVISTA DRIVE
City-St-Zip: SARASOTA, FL 34243

Title: D () Delete
Name: CATHY, SOLICH
Address: 829 SW 15TH AVE
City-St-Zip: CAPE CORAL, FL 33991

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: KERSHAW, THOMAS
Address: 5626 RIVERSIDE DRIVE
City-St-Zip: CAPE CORAL, FL 33904

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY H. NELSON

P

01/18/2006

Electronic Signature of Signing Officer or Director

Date