

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 19, 2008 08:00 AM
Secretary of State**

DOCUMENT # N93000005450

**1. Entity 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**



02142008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0455261	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

U000000031606

02/27/08-80026-003 61 25

**Filing Fee is \$61.25
Due by May 1, 2008**

**9. Election Campaign Financing
Trust Fund Contribution.** ☐

**\$5.00 May Be
Added to Fees**

2-15-08

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	LEEVEY, PAM
STREET ADDRESS	2412 WOODLAND BLVD
CITY- ST- ZIP	FORT MYERS, FL 33907

TITLE	D
NAME	WHITESIDE, THOMAS
STREET ADDRESS	950 MOODY RD 109
CITY- ST- ZIP	NORTH FORT MYERS, FL 33903

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

TITLE	D
NAME	KERSHAW, THOMAS
STREET ADDRESS	5626 RIVERSIDE DRIVE
CITY- ST- ZIP	CAPE CORAL, FL 33904

TITLE	D
NAME	IVKO, JOE
STREET ADDRESS	5657 AVISTA DRIVE
CITY- ST- ZIP	SARASOTA, FL 34243

TITLE	D
NAME	CATHY, SOLICH
STREET ADDRESS	829 SW 15TH AVE
CITY- ST- ZIP	CAPE CORAL, FL 33991

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE-

Gary Nelson