

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000000289 (8)**
1. Corporation Name

THE FRIENDS OF EDISON IN FORT MYERS, INC.

Principal Place of Business 1800 BOY SCOUT DR. FT. MYERS FL 33902 US	Mailing Address PO BOX 70 FT. MYERS FL 33902
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 P.O. Drawer 88 27 Suite, Apt. #, etc. 28 Ft. Myers, FL 29 Zip 30 33902 USA
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3. Date Incorporated or Qualified 01/19/1994	4. FEI Number 65-0525651	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent
**SMOOT, J. TOM JR.
12800 UNIVERSITY PARK DR.
FT. MYERS FL 33906**

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD NAME STREET ADDRESS CITY-ST-ZIP
	GALLOWAY, SAM JR. 1800 BAY SCOUT DR. FT. MYERS FL
TITLE	VD NAME STREET ADDRESS CITY-ST-ZIP
	EDWARDS, SUZANNE 6923 OLD WHISKEY CREEK DR. FT. MYERS FL 33919
TITLE	SD NAME STREET ADDRESS CITY-ST-ZIP
	BRINSON, SIDNEY A 12593 MCGREGOR BLVD. FT. MYERS FL 33919
TITLE	TD NAME STREET ADDRESS CITY-ST-ZIP
	HIGGINS, DAVID 3949 EVANS AVE. FT. MYERS FL 33901
TITLE	D NAME STREET ADDRESS CITY-ST-ZIP
	BIFFAR, JOHN 11000-2 METRO PARKWAY FT. MYERS FL 33912
TITLE	D NAME STREET ADDRESS CITY-ST-ZIP
	BOCETTE, L.D. 2413 MCGREGOR BLVD. FT. MYERS FL 33901

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *Sam Galloway Jr.* President **2/9/98 941-274-2371**

CR2E037 (10/97)