

**2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N21000014297

**Entity Name:** EDISON FAIRS, INC.

**Current Principal Place of Business:**

7501 PAT AVE N  
LEHIGH ACRES, FL 33971

**Current Mailing Address:**

20791 THREE OAKS PWKY, PO BOX 1399  
ESTERO, FL 33928 US

**FEI Number:** 87-4001187

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

NELSON, GARY H DR.  
9299 MOORING CIR  
FORT MYERS, FL 33967 US

*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

**Officer/Director Detail :**

Title P  
Name HUGHES, LEO P  
Address 7501 PAT AVE N  
City-State-Zip: LEHIGH ACRES FL 33971

Title VP  
Name NELSON, GARY H DVM  
Address 9299 MOORING CIR  
City-State-Zip: FORT MYERS FL 33967

Title DIR  
Name TIMOTHY, JONES  
Address 3408 MCGREGOR BLVD  
City-State-Zip: FORT MYERS FL 33901

Title DIR  
Name THOMAS, TODD  
Address 318 SHAW BLVD  
City-State-Zip: FORT MYERS FL 33905

Title DIR  
Name HARTMAN, BARBARA J  
Address 4586 TRAWLER CT.  
City-State-Zip: FORT MYERS FL 33919

Title SECRETARY  
Name NELSON, GARY H DR.  
Address 20791 THREE OAKS PWKY, PO BOX  
1399  
City-State-Zip: ESTERO FL 33928

*I hereby 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 all other like empowered.*

**SIGNATURE:** GARY H NELSON

VP

08/25/2023

Electronic Signature of Signing Officer/Director Detail

Date