

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31678

Entity Name: EDISON FESTIVAL OF LIGHT, INC.**Current Principal Place of Business:**1524 JACKSON STREET
FORT MYERS, FL 33901**Current Mailing Address:**P.O. BOX 339
FORT MYERS, FL 33902**FEI Number:** 65-0118122**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TURNER, WILLIAM F
1524 JACKSON ST.
FORT MYERS, FL 33901 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:** WILLIAM F TURNER

04/21/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title IPP
Name TURNER, WILLIAM F
Address 1524 JACKSON STREET
City-State-Zip: FORT MYERS FL 33901

Title PRESIDENT
Name CARTIER, ANNE
Address 1524 JACKSON STREET
City-State-Zip: FORT MYERS FL 33901

Title VP
Name WEINBERG, ANNA C
Address 1524 JACKSON STREET
City-State-Zip: FORT MYERS FL 33901

Title TREASURER
Name ANDERSON, KEVIN
Address 1524 JACKSON STREET
City-State-Zip: FORT MYERS FL 33901

Title SPECIAL DIRECTOR
Name SHERKUS, FRANK
Address 1524 JACKSON STREET
City-State-Zip: FORT MYERS FL 33901

Title SPECIAL DIRECTOR
Name GILL, ZACHARY
Address 1524 JACKSON STREET
City-State-Zip: FORT MYERS FL 33901

Title SPECIAL DIRECTOR
Name DAVIS, ANDREW
Address 1524 JACKSON STREET
City-State-Zip: FORT MYERS FL 33901

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: WILLIAM F. TURNER

IMMED. PAST PRES.

04/21/2014

Electronic Signature of Signing Officer/Director Detail

Date