

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # **760016** (6)

95 MAY - 1 11 5:25

1. Corporation Name

GULF COAST OPERA COMPANY, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
2203 SE 11TH STREET CAPE CORAL FL 33990

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/11/1981** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-2126170** Applied For Not Applicable

2. Principal Place of Business 2b. Mailing Address
12990 MEADOWOOD CT 12990 MEADOWOOD CT

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Suite, Apt. #, etc. Suite, Apt. #, etc.

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

22 City & State 27 City & State
FOOT MYERS, FL FOOT MYERS, FL

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

24 Zip 25 Country 29 Zip 30 Country
33419 USA 33419 USA

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**REINHARD, MICHELLE L.
2203 SE 11TH ST.
CAPE CORAL FL 33990**

81 Name **SUE WILD**
82 Street Address (P.O. Box Number is Not Acceptable) **921 POINSETTIA**
83
84 City **NORTH FORT MYERS FL** 85 Zip Code **33903**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505 Florida Statutes.

SIGNATURE *Susan E. Wild* (Signature typed or printed name of registered agent next to applicable) (NOTE: Registered Agent signature required when filing) DATE **28 April 95**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **SO**
NAME **REINHARD, MICHELLE L.**
STREET ADDRESS **2203 S.E. 11TH STREET**
CITY- ST- ZIP **CAPE CORAL FL**

11 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY- ST- ZIP

TITLE **VPD**
NAME **WILD, SUE**
STREET ADDRESS **921 POINSETTIA**
CITY- ST- ZIP **NORTH FT. MYERS FL**

21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY- ST- ZIP

TITLE **PD**
NAME **REINHARD, RUSSELL O.**
STREET ADDRESS **2203 SE 11TH ST.**
CITY- ST- ZIP **CAPE CORAL FL**

31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY- ST- ZIP

TITLE **TD**
NAME **WEAVER, DEBORAH A**
STREET ADDRESS **1290 MEADOWOOD COURT, S.W.**
CITY- ST- ZIP **FT. MYERS FL**

41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY- ST- ZIP

TITLE **D**
NAME **YARNES, JAMES**
STREET ADDRESS **5434 ASHTON CIRCLE**
CITY- ST- ZIP **FT. MYERS FL**

51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY- ST- ZIP

TITLE **D**
NAME **RASHID, IRENE**
STREET ADDRESS **RIVERSIDE DRIVE**
CITY- ST- ZIP **FT. MYERS FL**

61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and deemed to qualify for the presumption stated in Section 119.07(3)(b), 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: *Deborah A. Weaver* 4/25/95 513 295 401
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DEBORAH A. WEAVER