

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 760016 (6)

1. Corporation Name
GULF COAST OPERA COMPANY, INC.



Principal Place of Business: 12920 MEADOWOOD CT FT MYERS FL 33919 US
Mailing Address: 12920 MEADOWOOD CT FT MYERS FL 33919 US

3. Date Incorporated or Qualified: 09/11/1981
3a. Date of Last Report: 05/01/1995

21	2. Principal Place of Business	2a	Mailing Address	4	FEI Number 59-2126170	Applied For	
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	5	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	27	City & State	6	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	28	Zip	8	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/>	Yes <input type="checkbox"/> No
25	Country	29	Country				
30							

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILD, SUE
921 POINSETTIA
NORT FORT MYERS FL 33903

81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	
83		
84	City	FL
85	Zip Code	

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: *Sue Wild* Sue Wild, President 4/26/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renouncing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD REINHARD, MICHELLE L. 2203 S.E. 11TH STREET CAPE CORAL FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE VPD 1.2 NAME ROBINSON, ROGER 1.3 STREET ADDRESS 1424 SE 14th Avenue 1.4 CITY - ST - ZIP Cape Coral, FL
TITLE	VPD WILD, SUE 921 POINSETTIA NORTH FT. MYERS FL	<input type="checkbox"/> DELETE	2.1 TITLE PD 2.2 NAME WILD, SUE 2.3 STREET ADDRESS 921 Poinsettia 2.4 CITY - ST - ZIP N. Ft. Myers, FL
TITLE	PD REINHARD, RUSSELL O. 2203 SE 11TH ST. CAPE CORAL FL	<input checked="" type="checkbox"/> DELETE	3.1 TITLE D 3.2 NAME LIMA, TRACY 3.3 STREET ADDRESS 2921 SE 19th Avenue 3.4 CITY - ST - ZIP Cape Coral, FL
TITLE	TD WEAVER, DEBORAH A 1290 MEADOWOOD COURT, S.W. FT. MYERS FL	<input type="checkbox"/> DELETE	4.1 TITLE STD 4.2 NAME WEAVER, DEBORAH A 4.3 STREET ADDRESS 12920 Meadowood Court 4.4 CITY - ST - ZIP Fort Myers, FL
TITLE	D YARNES, JAMES 5434 ASHTON CIRCLE FT. MYERS FL	<input checked="" type="checkbox"/> DELETE	5.1 TITLE D 5.2 NAME MCBRIDE, BEVERLY 5.3 STREET ADDRESS 2954 Calvin 5.4 CITY - ST - ZIP Ft. Myers, FL
TITLE	D RASHID, IRENE RIVERSIDE DRIVE FT. MYERS FL	<input checked="" type="checkbox"/> DELETE	6.1 TITLE D 6.2 NAME CHETTLE, SANDRA 6.3 STREET ADDRESS 8424 Mantanzas Road 6.4 CITY - ST - ZIP Ft. Myers, FL

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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* DEBORAH WEAVER 4/26/96 941-278-4001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)