

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760016

FILED  
Apr 26, 2005  
Secretary of State

Entity Name: GULF COAST OPERA COMPANY, INC.

**Current Principal Place of Business:**

4030 FT. ADAMS AVENUE  
LABELLE, FL 33935 US

**New Principal Place of Business:**

**Current Mailing Address:**

4030 FT. ADAMS AVENUE  
LABELLE, FL 33935 US

**New Mailing Address:**

FEI Number: 59-2126170      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

WILD, SUSAN  
4030 FT. ADAMS AVENUE  
LABELLE, FL 33935 US

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

WILD, SUSAN E  
4030 FT. ADAMS AVENUE  
LABELLE, FL 33935 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: SUSAN E. WILD

04/26/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VD ( ) Delete  
Name: YARNES, JAMES M  
Address: 5434 ASHTON CIRCLE  
City-St-Zip: FT. MYERS, FL 33907 US

Title: PD ( ) Delete  
Name: WILD, SUSAN E  
Address: 4030 FORT ADAMS AVENUE  
City-St-Zip: LABELLE, FL 33935 US

Title: TD ( ) Delete  
Name: YARNES, LINDA  
Address: 5434 ASHTON CIRCLE  
City-St-Zip: FT. MYERS, FL 33907 US

Title: SD ( ) Delete  
Name: STANCHI, KENNETH P  
Address: 4030 FT. ADAMS AVENUE  
City-St-Zip: LABELLE, FL 33935 US

Title: D ( ) Delete  
Name: PESCATRICE, MICHELLE  
Address: 2712 SW 13 AVENUE  
City-St-Zip: CAPE CORAL, FL

Title: D ( ) Delete  
Name: BALSBAUGH, MAXINE  
Address: 21620 CENTER ST.  
City-St-Zip: ALVA, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SUSAN E. WILD

PD

04/26/2005

Electronic Signature of Signing Officer or Director

Date