

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 30, 2009
Secretary of State**

DOCUMENT# 760016

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 E PD
4030 FT. ADAMS AVENUE
LABELLE, FL 33935 US

Name and Address of New Registered Agent:

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

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: D (X) Change () Addition
Name: STAPLETON, NINA
Address: 921 POINSETTIA DR.
City-St-Zip: FT. MYERS, FL 33903

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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

04/30/2009

Electronic Signature of Signing Officer or Director

Date