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CORPORATION ANNUAL REPORT 1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -1 PM 1:56

DOCUMENT # 768670 (2)

1. Corporation Name
PENSACOLA OPERA, INC.

Principal Place of Business	Mailing Address
321 S. PALAFOX ST. PENSACOLA FL 32501	321 S. PALAFOX ST. PENSACOLA FL 32501

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/27/1983
3a. Date of Last Report: 03/21/1994
4. FEI Number: 59-2387417 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26): P O Box 1790
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28): PENSACOLA FL
Zip (24) / Country (25)	Zip (29): 32596-1790 / Country (30): ESCAMBIA

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GLAESER, MARY ANN
105 POINCIANA DRIVE
GULF BREEZE FL 32561

10. Name and Address of New Registered Agent

81 Name: WALTER K. RUTLEDGE
82 Street Address (P.O. Box Number is Not Acceptable): 6560 CHAPEL ST.
83
84 City: PENSACOLA FL 85 Zip Code: 32504

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: Walter K. Rutledge — WALTER K. RUTLEDGE, TREASURER — DATE: Jan. 26, 95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	POTTER, NELL	1.2 NAME	
STREET ADDRESS	201 RENTZ AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☒ Change ☐ Addition
NAME	CANNON, RICHARD	2.2 NAME	VD
STREET ADDRESS	7843 TEMPLETON ROAD	2.3 STREET ADDRESS	ZIMMERS, JOE
CITY-ST-ZIP	PENSACOLA FL	2.4 CITY-ST-ZIP	3708 TIGER POINT BLVD GULF BREEZE FL 32561
TITLE	SD	3.1 TITLE	☒ Change ☐ Addition
NAME	BOWYER, ANN-MARIE	3.2 NAME	SD
STREET ADDRESS	1174 SUNSET LANE	3.3 STREET ADDRESS	ANNE PEARLE
CITY-ST-ZIP	GULF BREEZE FL	3.4 CITY-ST-ZIP	2931 SWAN LANE PENSACOLA FL 32504
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	RUTLEDGE, WALTER K.	4.2 NAME	
STREET ADDRESS	6560 CHAPEL ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(i), 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: Walter K. Rutledge — JAN. 26, 1995 — (904) 476-6A11
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED OFFICER OR DIRECTOR — Date — Daytime Phone #

WALTER K. RUTLEDGE, TREASURER

0021142