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Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **768670** (2)

1. Corporation Name
PENSACOLA OPERA, INC.

Principal Place of Business 118 S PALAFOX STREET PENSACOLA FL 32501 US	Mailing Address P. O. BOX 1790 PENSACOLA FL 32508-1790 US
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3. Date Incorporated or Qualified 05/27/1983	
4. FEI Number 59-2387417	Applied For ☐ Not Applicable

2. Principal Place of Business 21 400 S. JEFFERSON ST	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 PENSACOLA, FL	City & State 28
Zip 24 32501	Country 25 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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent RUTLEDGE, WALTER K. 6580 CHAPEL ST. PENSACOLA FL 32504	
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10. Name and Address of New Registered Agent NONE OVER!	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

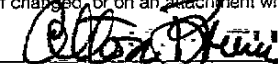
11. Pursuant to the provisions of Sections 617.0502 and 617.1503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	CD ☐ DELETE
NAME	GERNON, THOMAS E
STREET ADDRESS	2944 CORAL STRIP PKWY
CITY-ST-ZIP	GULF BREEZE FL
TITLE	VD ☒ DELETE
NAME	PEAKE, RONALD E
STREET ADDRESS	2931 SWAN LN
CITY-ST-ZIP	PENSACOLA FL
TITLE	TD ☒ DELETE
NAME	BAUGH, GAYLE
STREET ADDRESS	6400 E LONG STREET #7
CITY-ST-ZIP	PENSACOLA FL
TITLE	MD ☐ DELETE
NAME	BRIM, ALTON
STREET ADDRESS	6544 AVENUE DE GALVEZ
CITY-ST-ZIP	NAVARRE FL
TITLE	SD ☐ DELETE
NAME	LOGAN, FRANK E
STREET ADDRESS	5330 CHESTNUT LN
CITY-ST-ZIP	MOLINO FL
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	VD ☒ Change ☐ Addition
2.2 NAME	GRUBER, HARRY
2.3 STREET ADDRESS	208 SILVERTHORN RD.
2.4 CITY-ST-ZIP	GULF BREEZE, FL 32551
3.1 TITLE	TD ☒ Change ☐ Addition
3.2 NAME	ROBERTS, WILLIAM R.
3.3 STREET ADDRESS	3836 BANGKOK COVE
3.4 CITY-ST-ZIP	GULF BREEZE, FL 32561
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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:  **YOU'RE REQUIRED**

JAN. 7, 1998 850/433-6737

CR2E037 (10/97)