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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

DOCUMENT # **768670** (2)

1. Corporation Name

PENSACOLA OPERA, INC.

Principal Place of Business	Mailing Address
118 S PALAFOX STREET PENSACOLA FL 32501 US	P. O. BOX 1790 PENSACOLA FL 32598-1790 US

3. Date Incorporated or Qualified: 05/27/1983

4. FEI Number: 59-2387417 ☐ Applied For ☐ Not Applicable

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

2. Principal Place of Business	2a. Mailing Address
21 400 S. JEFFERSON ST	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: PENSACOLA, FL	28 City & State
24 Zip: 32501 25 Country: ESCAMBIA	29 Zip 30 Country

9. Name and Address of Current Registered Agent

RUTLEDGE, WALTER K.
6560 CHAPEL ST.
PENSACOLA FL 32504

10. Name and Address of New Registered Agent ↓ NONE GIVEN!

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 _____ DATE
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	CD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GERNON, THOMAS E		1.2 NAME		
STREET ADDRESS	2944 CORAL STRIP PKWY		1.3 STREET ADDRESS		
CITY-ST-ZIP	GULF BREEZE FL		1.4 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	PEAKE, RONALD E		2.2 NAME	GRUBER, HARRY	
STREET ADDRESS	2931 SWAN LN		2.3 STREET ADDRESS	208 SILVERTHORN RD.	
CITY-ST-ZIP	PENSACOLA FL		2.4 CITY-ST-ZIP	GULF BREEZE, FL 32561	
TITLE	TD	☒ DELETE	3.1 TITLE	TD	☒ Change ☐ Addition
NAME	BAUGH, GAYLE		3.2 NAME	ROBIRDS, WILLIAM R.	
STREET ADDRESS	6400 E LONG STREET #7		3.3 STREET ADDRESS	3536 BANGKOK COVE	
CITY-ST-ZIP	PENSACOLA FL		3.4 CITY-ST-ZIP	GULF BREEZE, FL 32561	
TITLE	MD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BRIM, ALTON		4.2 NAME		
STREET ADDRESS	6544 AVENUE DE GALVEZ		4.3 STREET ADDRESS		
CITY-ST-ZIP	NAVARRE FL		4.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	LOGAN, FRANK E		5.2 NAME		
STREET ADDRESS	5330 CHESTNUT LN		5.3 STREET ADDRESS		
CITY-ST-ZIP	MOLINO FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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: [illegible] **URE REQUIRED** JAN. 7, 1998 850/433-6737