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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 768670

1. Corporation Name
PENSACOLA OPERA, INC.

Principal Place of Business	Mailing Address
~~400 S JEFFERSON ST~~ PENSACOLA FL 32501 US 15 TARRAGONA ST.	P. O. BOX 1790 PENSACOLA FL 32598-1790 US

2. Principal Place of Business
21 15 TARRAGONA ST.
Suite, Apt. #, etc. 22
City & State 23 PENSACOLA FL
Zip 24 32501 Country 25 US

2a. Mailing Address
26
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

3. Date Incorporated or Qualifed
05/27/1983

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

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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

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	GRUBER, HARRY		2.2 NAME	PANHORST, DONALD L	
STREET ADDRESS	208 SILVERTHORN RD		2.3 STREET ADDRESS	4193 SOUNDPOINTE DR.	
CITY-ST-ZIP	GULF BREEZE FL 32551		2.4 CITY-ST-ZIP	GULF BREEZE, FL 32561	
TITLE	TD	☒ DELETE	3.1 TITLE	TD	☐ Change ☒ Addition
NAME	ROBIRDS, WILLIAM R		3.2 NAME	KESSLER, DAVID C.	
STREET ADDRESS	3836 BANGKOK COVE		3.3 STREET ADDRESS	3411 HILLSIDE AVE.	
CITY-ST-ZIP	GULF BREEZE FL 32561		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 (11/98)

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, with all other like empowered.

SIGNATURE: [signature] **REQUIRED** MARCH 2, 1999 850-433-6737
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #