# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 27, 2006**
**Secretary of State**

DOCUMENT# 768670

**Entity Name:** PENSACOLA OPERA, INC.

**Current Principal Place of Business:**

75 S. TARRAGONA ST
PENSACOLA, FL 32501 US

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 1790
PENSACOLA, FL 325911790 US

**New Mailing Address:**

P. O. BOX 1790
PENSACOLA, FL 32591 US

**FEI Number: 59-2387417** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

MITCHELL, SHERRIE
4603 BAYBROOK DR
PENSACOLA, FL 32514 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: | CD | ( ) Delete |
| Name: | MILLER, JAN | |
| Address: | 10446 BEAULIEU LANE | |
| City-St-Zip: | LILLIAN, AL 36549 | |
| Title: | VD | ( ) Delete |
| Name: | BUCHANAN-WRIGHT, PATRICIA | |
| Address: | PO BOX 30015 | |
| City-St-Zip: | PENSACOLA, FL 32503 | |
| Title: | TD | ( ) Delete |
| Name: | JONES, JULIE L MS. ESQ | |
| Address: | 4220 SPANISH TRAIL PLACE | |
| City-St-Zip: | PENSACOLA, FL 32504 | |
| Title: | MD | ( ) Delete |
| Name: | SHERRIE, MITCHELL H | |
| Address: | 4603 BAY BROOK DRIVE | |
| City-St-Zip: | PENSACOLA, FL 32514 | |
| Title: | SD | ( ) Delete |
| Name: | GIBSON, CANDACE | |
| Address: | 1408 GLENMORE DR | |
| City-St-Zip: | CANTONMENT, FL 32533 | |
| Title: | BD | (X) Delete |
| Name: | MEEKS-MULLET, RITA | |
| Address: | 5181 LITTLE RIVER DR | |
| City-St-Zip: | GAINESVILLE, GA 30506 | |

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | TD | (X) Change ( ) Addition |
| Name: | BALLINGER, MALCOLM | |
| Address: | 1449 PLAYERS CLUB CIRCLE | |
| City-St-Zip: | GULF BREEZE, FL 32563 | |
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |

I hereby certify that the information supplied with this filing does not qualify for the 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: SHERRIE MITCHELL MD 01/27/2006

Electronic Signature of Signing Officer or Director — Date