

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768670

FILED
Feb 20, 2007
Secretary of State

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 32591 US

New Mailing Address:

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: BALLINGER, MALCOLM
Address: 1449 PLAYERS CLUB CIRCLE
City-St-Zip: GULF BREEZE, FL 32563

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C/D (X) Change () Addition
Name: BUCHANAN-WRIGHT, PATRICIA
Address: PO BOX 30015
City-St-Zip: PENSACOLA, FL 32503

Title: V/D (X) Change () Addition
Name: RITCHIE, BUZZ
Address: 40 N. PALAFOX ST.
City-St-Zip: PENSACOLA, FL 32502

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

Title: M (X) Change () Addition
Name: SHERRIE, MITCHELL H
Address: 4603 BAY BROOK DRIVE
City-St-Zip: PENSACOLA, FL 32514

Title: S/D (X) Change () Addition
Name: ROSSER, PATRICIA
Address: 3097 WATERVIEW DRIVE
City-St-Zip: MILTON, FL 32583

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

M

02/20/2007

Electronic Signature of Signing Officer or Director

Date