2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#768670

FILED May 06, 2008 Secretary of State

Entity Name: PENSACOLA OPERA, INC.

Current Principal Place of Business: New Principal Place of Business:

75 S. TARRAGONA ST PENSACOLA, FL 32501 US

Current Mailing Address: 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)

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

MITCHELL, SHERRIE 4603 BAYBROOK DR PENSACOLA, FL 32514

OFFICERS AND DIRECTORS:

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:

Date

Electronic Signature of Registered Agent

US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete C/D (X) Change () Addition

BUCHANAN-WRIGHT, PATRICIA RITCHIE, BUZZ Name: Name: PO BOX 30015 Address: 40 N. PALAFOX ST. Address: City-St-Zip: PENSACOLA, FL 32503 City-St-Zip: PENSACOLA, FL 32502

Title: V/D () Delete Title: V/D (X) Change () Addition Name: RITCHIE, BUZZ Name: ORTH, RUTH Address: 40 N. PALAFOX ST. Address: 2581 BAYOU BLVD

City-St-Zip: PENSACOLA, FL 32502 City-St-Zip: PENSACOLA, FL 32503

Title: T/D () Delete Title: T/D (X) Change () Addition

BALLINGER, MALCOLM MORSE, CURT Name: Name: 1449 PLAYERS CLUB CIRCLE Address: Address: 1850 WHALEY AVE City-St-Zip: GULF BREEZE, FL 32563 City-St-Zip: PENSACOLA, FL 32503

Title: () Delete Title: () Change () Addition M

Name: SHERRIE, MITCHELL H Name: 4603 BAY BROOK DRIVE Address: Address: City-St-Zip: PENSACOLA, FL 32514 City-St-Zip:

Title: S/D () Delete Title: S/D (X) Change () Addition

ROSSER, PATRICIA MINSHEW, LISA Name: Name: 3097 WATERVIEW DRIVE Address: Address: 1717 N YATES City-St-Zip: MILTON, FL 32583 City-St-Zip: PENSACOLA, FL 32502

I hereby certify that the information supplied with this filing does not qualify 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 H. MITCHELL М 05/06/2008