

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000698

FILED
Apr 30, 2007
Secretary of State

Entity Name: FIRST COAST OPERA, INC.

Current Principal Place of Business:

4069 RED PINE LANE
ST. AUGUSTINE, FL 32086

New Principal Place of Business:

Current Mailing Address:

4069 RED PINE LANE
ST. AUGUSTINE, FL 32086

New Mailing Address:

P.O. BOX 2223
ST. AUGUSTINE, FL 32085 22

FEI Number: 59-3625591

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAY, RICHARD R
136 MALAGA ST
ST. AUGUSTINE, FL 32084 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: P () Delete
Name: TSITOS, PAMELA
Address: #110 MARINE ST
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: T () Delete
Name: DAY, RICHARD R
Address: 132 SEMINOLE RD
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: VP () Delete
Name: FREEMAN, DULCY
Address: P.O. BOX 4508
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: D () Delete
Name: FASTK, ANTHONY E
Address: 4069 RED PINE LANE
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: D () Delete
Name: NORRIS, BARBARA
Address: 4069 RED PINE LANE
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: D () Delete
Name: MYERS, BARRY W
Address: 157 ONEIDA ST
City-St-Zip: ST AUGUSTINE, FL 32084

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: FAST, ANTHONY E
Address: 4069 RED PINE LANE
City-St-Zip: ST. AUGUSTINE, FL 32086

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 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: RICHARD R. DAY

T

04/30/2007

Electronic Signature of Signing Officer or Director

Date