

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004788

FILED
Feb 14, 2009
Secretary of State

Entity Name: FLORIDA SUNCOAST OPERA GUILD, INC.

Current Principal Place of Business:

3991 38TH WAY S
ST PETERSBURG, FL 33711

New Principal Place of Business:

3991 38TH WAY S
#41
ST PETERSBURG, FL 33711

Current Mailing Address:

3991 38TH WAY S
ST PETERSBURG, FL 33711

New Mailing Address:

3991 38TH WAY S
#41
ST PETERSBURG, FL 33711

FEI Number: 23-7100511

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WIGHT, LAURA B
3991 38TH WAY S
ST PETERSBURG, FL 33711 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: VP () Delete
Name: KENT, DORRIS
Address: 10187 CLARA LN
City-St-Zip: SAINT PETERSBURG, FL 33708

Title: P () Delete
Name: BELLINO, EILEEN
Address: 1200 N SHORE DR NE #410
City-St-Zip: ST PETERSBURG, FL 33701

Title: S () Delete
Name: MORAN, SUE
Address: 1872 SAILBOAT KEY BLVD S
City-St-Zip: SAINT PETERSBURG, FL 33707

Title: T () Delete
Name: COUNTS, BARBARA
Address: 3894 37TH ST S 41
City-St-Zip: SAINT PETERSBURG, FL 33711

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: () 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: BARBARA B. COUNTS

TREA

02/14/2009

Electronic Signature of Signing Officer or Director

Date