## 2004 NOT-FOR-PROFIT-CORPORATION ANNUAL REPORT

## **DOCUMENT #700826**

1. Entity Name

OPERA GUILD, INC. OF FORT LAUDERDALE



Principal Place of Business

JOSEPHINE S. LEISER OPERA CENTER 221 SOUTHWEST THIRD AVENUE FT. LAUDERDALE, FL 33312 Mailing Address

JOSEPHINE S. LEISER OPERA CENTER 221 SOUTHWEST THIRD AVENUE FT. LAUDERDALE, FL 33312

## FILED Jan 26, 2004 8:00 am Secretary of State

01-26-2004 90005 009 \*\*\*\*61.25

54000592



DO NOT WRITE IN THIS SPACE

01142004 No Chg-NP CR2E037 (10/03)

4. FEI Number	 Applied For
59-0906317	Not Applicable
5. Certificate of Status Desired	.75 Additional

6. Name and Address of Current Registered Agent

HEVER, ROBERT M 1200 CORAL WAY MIAMI, FL 33145

## DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.						
and obligati				•		
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE						
		<u> </u>				
	Filing Fee Is \$61.25 Due by May 1, 2004	<ol><li>Election Campaign Financ Trust Fund Contribution.</li></ol>	ing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS	:			
TITLE	TD					
NAME	BEDLEY, DENNIS					
STREET ADDRESS	1200 CORAL WAY					
CITY-ST-ZIP	MIAMI, FL 33145					
TITLE	DVP					
NAME	KELLER, STEPHEN					
STREET ADDRESS	777 BAYSHORE DR					
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304					
TITLE	SD					
NAME	LEACH, HARRIET					
STREET ADDRESS	4211 NE 25TH AVE			DO	NOT WRITE	
CITY-ST-ZIP	FT LAUDERDALE, FL 33308				MOI WHILE	
TITLE	PD			INI	THIS SPACE	
NAME	HINKLEY, ROGER			114	THIS OF ACE	
STREET ADDRESS	111 POMPANO BEACH BLVD					
CITY-ST-ZIP	POMPANO BCH, FL 33062					
TITLE	М				·	
NAME	HEUER, ROBERT M					
STREET ADDRESS	1200 CORAL WAY					
CITY-ST-ZIP	MIAMI, FL 33145				•	
TITLE			٠.			
NAME						
STREET ADDRESS						
CITY-ST-ZIP						
12. I hereby	certify that the information supplied with this fi	ting does not qualify for the exen	nption state	ed in Section 119.07(3	8)(i), Florida Statutes. I further certify that the information ect as if made under oath; that I am an officer or director	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Kunaud Freshwater sur. of

DIR. OF FIN & ADMIN.

01/4/04

305-854-1643x170

Daytime Phone #