


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Jul 28, 2004 8:00 am
Secretary of State

07-28-2004 90019 002 ****61.25

DOCUMENT # 743668
1. Entity Name
FLORIDA LYRIC OPERA ASSOCIATION, INC.



Principal Place of Business: **1183D 85TH TERR. NORTH
ST. PETERSBURG FL 33702-3333**
Mailing Address: **1183D 85TH TERR. NORTH
ST. PETERSBURG FL 33702-3333**

54065349



MOORE CR2E037 (4/04)

2. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country
3. Mailing Address: Suite, Apt. #, etc. City & State Zip Country

4. FEI Number **59-1836537**
Applied For: Not Applicable:

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**MARESCA, ROSALIA
1183D 85TH TERR. NORTH
ST. PETERSBURG FL 33702-3333**

7. Name and Address of New Registered Agent
Name: _____
Street Address (P.O. Box Number is Not Acceptable): _____
City: _____ **FL** Zip Code: _____

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.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

**FILE NOW: FEE IS \$61.25
Due By September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE: PD	NAME: AFIELD, WALTER (DR)	<input type="checkbox"/> Delete
STREET ADDRESS: 4619 BAY TO BAY BLVD.	CITY-ST-ZIP: TAMPA FL 33609	
TITLE: SD	NAME: MASSEY, RENA	<input type="checkbox"/> Delete
STREET ADDRESS: 8360 12TH STREET NORTH	CITY-ST-ZIP: ST. PETERSBURG FL 33702-3333	
TITLE: T	NAME: MARRS, PATRICIA	<input type="checkbox"/> Delete
STREET ADDRESS: 4129 26TH ST. N.	CITY-ST-ZIP: ST PETERSBURG FL 33714	
TITLE: VP	NAME: WILSON, MARY K	<input type="checkbox"/> Delete
STREET ADDRESS: 5173 HORSESHOE PL NE	CITY-ST-ZIP: SAINT PETERSBURG FL 33703	
TITLE: _____	NAME: _____	<input type="checkbox"/> Delete
STREET ADDRESS: _____	CITY-ST-ZIP: _____	
TITLE: _____	NAME: _____	<input type="checkbox"/> Delete
STREET ADDRESS: _____	CITY-ST-ZIP: _____	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: _____	NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: _____	CITY-ST-ZIP: _____	
TITLE: _____	NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: _____	CITY-ST-ZIP: _____	
TITLE: _____	NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: _____	CITY-ST-ZIP: _____	
TITLE: _____	NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: _____	CITY-ST-ZIP: _____	

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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Rosalia Maresca* DATE: *July 24/04* (727) 578-1657

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Rosalia Maresca