


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 22, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 743668</b>			
1. Entity Name <b>FLORIDA LYRIC OPERA ASSOCIATION, INC.</b>			
Principal Place of Business 1183D 85TH TERR. NORTH ST. PETERSBURG FL 33702-3333		Mailing Address 1183D 85TH TERR. NORTH ST. PETERSBURG FL 33702-3333	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>MARESCA, ROSALIA</b> 1183D 85TH TERR. NORTH ST. PETERSBURG FL 33702-3333		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	<b>FL</b>   Zip Code
4. FEI Number <b>59-1836537</b>   Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			



1st MOORE CR2E037 (10/04)

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 \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	AFIELD, WALTER (DR)			NAME	U00000191229		
STREET ADDRESS	4619 BAY TO BAY BLVD.			STREET ADDRESS	01/24/05-80166-001		61.25
CITY- ST- ZIP	TAMPA FL 33609			CITY- ST- ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MASSEY, RENA			NAME			
STREET ADDRESS	8360 12TH STREET NORTH			STREET ADDRESS			
CITY- ST- ZIP	ST. PETERSBURG FL 33702-3333			CITY- ST- ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARRS, PATRICIA			NAME			
STREET ADDRESS	4129 26TH ST. N.			STREET ADDRESS			
CITY- ST- ZIP	ST PETERSBURG FL 33714			CITY- ST- ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILSON, MARY K			NAME			
STREET ADDRESS	5173 HORSESHOE PL NE			STREET ADDRESS			
CITY- ST- ZIP	SAINT PETERSBURG FL 33703			CITY- ST- ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY- ST- ZIP				CITY- ST- ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY- ST- ZIP				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* Rosalia Maresca *Jan 18/05 (727) 578-1657*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone if