
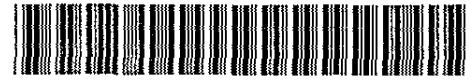


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 27, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 743668</b> 1. Entity Name <b>FLORIDA LYRIC OPERA ASSOCIATION, INC.</b>	
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Principal Place of Business 1183D 85TH TERR. NORTH <b>#D</b> ST. PETERSBURG FL 33702-3333	Mailing Address 1183D 85TH TERR. NORTH ST. PETERSBURG FL 33702-3333
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2. Principal Place of Business	3. Mailing Address	4. FEI Number
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<b>59-1836537</b>
City & State	City & State	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required

1st MOORE CR2E037 (10/05)

**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 *Rosalia Maresca*  
Signature typed or printed name of registered agent and title if applicable (NONE Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Add
TITLE	U00000403988		
STREET ADDRESS	02/06/06-80029-011 61.25		
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 (727) 578-1657**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR