
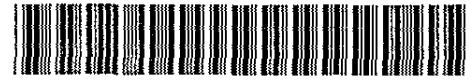


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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

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

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



| | | |
|--------------------------------|---------------------|---|
| 2. Principal Place of Business | 3. Mailing Address | 4. FEI Number |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 59-1836537 |
| City & State | City & State | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 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 | | |
| CITY-ST-ZIP | 61.25 | | |
| 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