

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2008 08:00 AM
Secretary of State

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



02052008 No Chg-NP CR2E037 (4/06)

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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

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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 _____

Filing Fee is \$61.25
Due by May 1, 2008

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD AFIELD, WALTER (DR) 4619 BAY TO BAY BLVD. TAMPA, FL 33809
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MASSEY, RENA 8360 12TH STREET NORTH ST. PETERSBURG, FL 337023333
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T RUSALIA, MARESCA 4129 26TH STREET N. ST PETERSBURG, FL 33714
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP WILSON, MARY K 5173 HORSESHOE PL NE SAINT PETERSBURG, FL 33703
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000820483
 02/18/08-80030-021 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 02/05/08 (727)578-1657
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #