


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 06, 2003 8:00 am
Secretary of State

01-06-2003 90040 034 ****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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	PD AFIELD, WALTER (DR) 4619 BAY TO BAY BLVD. TAMPA FL 33609	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MASSEY, RENA 8360 12TH STREET NORTH ST. PETERSBURG FL 33702-3333	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARRS, PATRICIA 4129 26TH ST. N. ST PETERSBURG FL 33714	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GARCIA, TONY 2121 IVY STREET TAMPA FL 33607	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mary k. Wilson 5173 Horseshoe PL NE St Petersburg, FL 33703	<input type="checkbox"/> Change <input type="checkbox"/> Addition New VP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 General Director**
Rosalia Maresca General Director 1/4/03 (727)578-1657

CR2E037 (10/02)