


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90031 007 \*\*\*\*61.25

0074289

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
---	---	--

**DOCUMENT # 743940**

1. Corporation Name

**TREASURE COAST OPERA SOCIETY INC.**

Principal Place of Business

1309 INDIANA AVE.  
FT. PIERCE FL 34950

Mailing Address

1309 INDIANA AVE.  
FT. PIERCE FL 34950



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	08/15/1978
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-1840595
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24	25	29
Country	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24	25	29

9. Name and Address of Current Registered Agent

**BARRENA, CARLOS**  
**117-A LAKE ENDS DRIVE**  
**FORT PIERCE FL 34982**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	<del>ROSENAU, BLANCHE</del>	
STREET ADDRESS	<del>510 HARTMAN ROAD</del>	
CITY-ST-ZIP	<del>FT PIERCE, FL 00000</del>	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ABOOD, ANNE	
STREET ADDRESS	1309 INDIANA AVENUE	
CITY-ST-ZIP	FT PIERCE, FL 00000	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HARTLEY, KEITH L	
STREET ADDRESS	7509 CITRUS PARK BLVD	
CITY-ST-ZIP	FT PIERCE, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BARRENA, CARLOS	
STREET ADDRESS	117-A LAKE ENDS DR	
CITY-ST-ZIP	FT PIERCE, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Pam DeVercelly	
1.3 STREET ADDRESS	202 S.E. Thornhille Drive	
1.4 CITY-ST-ZIP	Port St. Lucie, FL 34984	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Katherine Harris*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**REQUIRED**

2/10/99

Date

Daytime Phone #

CR2E037 (11/98)