

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2004 08:00 AM
Secretary of State

DOCUMENT # 743940

1. Entity Name
TREASURE COAST OPERA SOCIETY INC.



Principal Place of Business

**802 S. SIXTH STREET
FT. PIERCE, FL 34950**

Mailing Address

**802 S. SIXTH STREET
FT. PIERCE, FL 34950**

DO NOT WRITE IN THIS SPACE



03032004 No Chg-NP

CR2E037 (10/03)

4. FEI Number
59-1840595

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000083229
03/10/04-80031-002 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
DEVERCELLY, PAM
202 SE THORNEHILL DR
PT ST LUCIE, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
ABOOD, ANNE
1725-B
FT PIERCE, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
HARTLEY, KEITH L
7509 CITRUS PARK BLVD
FT PIERCE, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
BARRENA, CARLOS
117-A LAKE ENDS DR
FT PIERCE, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

Carlos Barrena

03-08-04