

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 11, 2008 08:00 A**  
**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**



04022008 No Chg-NP CR2E037 (4/06)

4. FEI Number  
**59-1840595**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

000000992778  
04/23/08-80079-012 61.25

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SPECKER, HOWARD 5279 MINER DR PORT SAINT LUCIE, FL 34983
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ABOOD, ANNE 1723-B MARINERS COVE FORT PIERCE, FL 34951
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DEVERCELLY, PAMELA 5453 NW MOORHEN TR #208 PORT SAINT LUCIE, FL 34986
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARRENA, CARLOS 117-A LAKE ENDS DR FT PIERCE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Carlos Barrena* **CARLOS BARRENA**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/8/08**  
Date

**(772) 465-6204**  
Daytime Phone #