

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 746279 (9)

1. Corporation Name

ORLANDO OPERA COMPANY, INC.



Principal Place of Business

1111 N. ORANGE AVE.
ORLANDO FL 32804

Mailing Address

1111 N. ORANGE AVE.
ORLANDO FL 32804

3. Date Incorporated or Qualified

03/16/1979

3a. Date of Last Report

06/12/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1900176

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24

25

Country

29

30

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

YATES, LEIGHTON
3218 S OSCEOLA AVENUE
ORLANDO FL 32806

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	PD	<input type="checkbox"/> DELETE
NAME	TOWNES, VIRGINIA	
STREET ADDRESS	3223 WICKERSHAM CT	
CITY-ST-ZIP	ORLANDO FL	
TITLE	PED	<input type="checkbox"/> DELETE
NAME	WYLAN, EDWARD	
STREET ADDRESS	1029 EDGEWATER CT	
CITY-ST-ZIP	ORLANDO FL	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	YATES, LEIGHTON	
STREET ADDRESS	3218 S OSCEOLA	
CITY-ST-ZIP	ORLANDO FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	CARBONE, NICHOLAS	
STREET ADDRESS	920 VIRGINIA DR	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LEVIN, SWANTJE	
STREET ADDRESS	507 PALMER ST	
CITY-ST-ZIP	ORLANDO FL	
TITLE	C	<input type="checkbox"/> DELETE
NAME	RUGGLERI, JOHN	
STREET ADDRESS	9922 LAKE LOUISE DR	
CITY-ST-ZIP	WINDERMERE FL	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, on an attachment with an address.

SIGNATURE:

[Signature]
ROBERT SWEDEBERG, DIRECTOR

3/13/96

407/426-1717

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E037 (12/95)