

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760016

FILED
Apr 28, 2004
Secretary of State**Entity Name:** GULF COAST OPERA COMPANY, INC.**Current Principal Place of Business:**5434 ASHTON CIRCLE
FT. MYERS, FL 33907 US**New Principal Place of Business:**4030 FT. ADAMS AVENUE
LABELLE, FL 33935 US**Current Mailing Address:**5434 ASHTON CIRCLE
FT. MYERS, FL 33907 US**New Mailing Address:**4030 FT. ADAMS AVENUE
LABELLE, FL 33935 US**FEI Number:** 59-2126170**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**YARNES, LINDA
5434 ASHTON CIRCLE
FT. MYERS, FL 33907 US**Name and Address of New Registered Agent:**WILD, SUSAN
4030 FT. ADAMS AVENUE
LABELLE, FL 33935 US

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.

SIGNATURE: SUSAN E. WILD

04/28/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: VD () Delete
Name: ROBINSON, ROGER
Address: 1424 SE 14TH TERRACE
City-St-Zip: CAPE CORAL, FLTitle: PD () Delete
Name: WILD, SUSAN E
Address: 4030 FORT ADAMS AVENUE
City-St-Zip: LABELLE, FLTitle: TD () Delete
Name: YARNES, LINDA
Address: 5434 ASHTON CIRCLE
City-St-Zip: FT. MYERS, FL 33907 USTitle: SD () Delete
Name: PESCATRICE, MICHELLE
Address: 2712 S.W. 13TH AVENUE
City-St-Zip: CAPE CORAL, FLTitle: D () Delete
Name: YARNES, JAMES M
Address: 5434 ASHTON CIRCLE
City-St-Zip: FT. MYERS, FLTitle: D () Delete
Name: STANCHI, KENNETH P
Address: 4030 FORT ADAMS AVE.
City-St-Zip: LABELLE, FL**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: VD (X) Change () Addition
Name: YARNES, JAMES M
Address: 5434 ASHTON CIRCLE
City-St-Zip: FT. MYERS, FL 33907 USTitle: PD (X) Change () Addition
Name: WILD, SUSAN E
Address: 4030 FORT ADAMS AVENUE
City-St-Zip: LABELLE, FL 33935 USTitle: () Change () Addition
Name:
Address:
City-St-Zip:Title: SD (X) Change () Addition
Name: STANCHI, KENNETH P
Address: 4030 FT. ADAMS AVENUE
City-St-Zip: LABELLE, FL 33935 USTitle: D (X) Change () Addition
Name: PESCATRICE, MICHELLE
Address: 2712 SW 13 AVENUE
City-St-Zip: CAPE CORAL, FLTitle: D (X) Change () Addition
Name: BALSBAUGH, MAXINE
Address: 21620 CENTER ST.
City-St-Zip: ALVA, FL

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN E. WILD

PD

04/28/2004

Electronic Signature of Signing Officer or Director

Date