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1997 SEP 22 PM 2: 57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 766828 (8)

1. Corporation Name

THE TALLAHASSEE OPERA GUILD, INC.

Principal Place of Business

Mailing Address

P.O. BOX 12471  
TALLAHASSEE FL 32317

P.O. BOX 12471  
TALLAHASSEE FL 32317-2471

3. Date Incorporated or Qualified  
02/03/1983

3a. Date of Last Report  
04/29/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LITTLE, GORDON W.  
2285 TRESCOTT DRIVE  
TALLAHASSEE FL 32312

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME HARSANYI, JANICE  
STREET ADDRESS 8100 MORNING STAR LANE  
CITY-ST-ZIP TALLAHASSEE FL

1.1 TITLE PD  
1.2 NAME CINDY JACOBS  
1.3 STREET ADDRESS 1522 BELLEAU WOOD DR  
1.4 CITY-ST-ZIP TALLAHASSEE, FLORIDA 32312

TITLE VD  
NAME TWOMEY, WILLIAM  
STREET ADDRESS 2021 WAHALAW NENE  
CITY-ST-ZIP TALLAHASSEE FL

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS 20000229982--3  
2.4 CITY-ST-ZIP -09/22/97--0114--012  
\*\*\*\*\*61.25 \*\*\*\*\*61.25

TITLE SD  
NAME SCHWAGER, ROSALIE  
STREET ADDRESS 2022 GREENWOOD DRIVE  
CITY-ST-ZIP TALLAHASSEE FL

3.1 TITLE SD  
3.2 NAME MICHAEL MCCONNELL  
3.3 STREET ADDRESS 377 CASTLETON CIR.  
3.4 CITY-ST-ZIP TALLAHASSEE, FLORIDA 32312

TITLE TD  
NAME MURPHY, JOHN J. S.  
STREET ADDRESS 410 VICTORY GDN DR, #127  
CITY-ST-ZIP TALLAHASSEE FL

4.1 TITLE TD  
4.2 NAME DOUGLAS ASHER  
4.3 STREET ADDRESS 3305 READING LANE  
4.4 CITY-ST-ZIP TALLAHASSEE FLORIDA 32312

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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.

CR2E037 (9/96)