

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768670

FILED
Apr 28, 2009
Secretary of State

Entity Name: PENSACOLA OPERA, INC.

Current Principal Place of Business:

75 S. TARRAGONA ST
PENSACOLA, FL 32501 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 1790
PENSACOLA, FL 32591 US

New Mailing Address:

FEI Number: 59-2387417

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MINISHEW, LISA
433 EAST GOVERNMENT STREET
PENSACOLA, FL 32502 US

Name and Address of New Registered Agent:

THOMAS, A MICHELLE
700 E JACKSON ST
PENSACOLA, FL 32501 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: A. M. THOMAS

04/28/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C/D () Delete
Name: RUTH, ORTH
Address: P.O. BOX 1790
City-St-Zip: PENSACOLA, FL 32591

Title: V/D () Delete
Name: FRED, CARMODY
Address: P.O. BOX 1790
City-St-Zip: PENSACOLA, FL 32591

Title: S/D () Delete
Name: MINSHEW, LISA S
Address: P.O. BOX 1790
City-St-Zip: PENSACOLA, FL 32591

Title: M () Delete
Name: KYLE, MARRERO
Address: P.O. BOX 1790
City-St-Zip: PENSACOLA, FL 32591

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: A. M. THOMAS

ACCT

04/28/2009

Electronic Signature of Signing Officer or Director

Date