

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000005661

FILED
Apr 30, 2009
Secretary of State

Entity Name: GOODSPEED OPERA HOUSE FOUNDATION, INC.

Current Principal Place of Business:

6 MAIN STREET
P. O. BOX A
EAST HADDAM, CT 06423

New Principal Place of Business:

6 MAIN STREET
6 MAIN STREET
EAST HADDAM, CT 06423

Current Mailing Address:

6 MAIN STREET
P. O. BOX A
EAST HADDAM, CT 06423

New Mailing Address:

FEI Number: 13-1969314 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CFRA, LLC
CORPORATE CENTER THREE AT INT'L PLAZA
4221 W. BOY SCOUT BLVD, 10TH FLOOR
TAMPA, FL 336075736 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: THOMAS, DEROY C MR.
Address: 141 STONER DRIVE
City-St-Zip: WEST HARTFORD, CT 06107

Title: P () Delete
Name: ADAMS, FRANCIS G MR.
Address: 48 SEQUASSEN AVENUE
City-St-Zip: OLD SAYBROOK, CT 06475

Title: VP () Delete
Name: HOFFMAN, JEFFREY MR.
Address: 750 CONNECTICUT BLVD
City-St-Zip: EAST HARTFORD, CT 06601

Title: SD () Delete
Name: GOODSPEED, ROGER MR.
Address: 111 HUNTER AVENUE
City-St-Zip: NEW ROCHELLE, NY 06423

Title: TD () Delete
Name: WAINGER, MARK MR.
Address: 150 JOSHUATOWN ROAD
City-St-Zip: LYME, CT 06371

Title: VP () Delete
Name: YOUNG, DONA MS.
Address: 64 WATERSIDE LANE
City-St-Zip: WEST HARTFORD, CT 06117

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:

Title: TD (X) Change () Addition
Name: MAZZELLI, MARK MR.
Address: 635 MAIN STREET
City-St-Zip: MIDDLETOWN, CT 06371

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: FRANCIS G. ADAMS

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date