

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90086 035 \*\*\*\*61.25

DOCUMENT # N01000003629					
1. Entity Name PINELLAS OPERA LEAGUE, INC.					
Principal Place of Business PO BOX 16403 CLEARWATER FL 33766		Mailing Address PO BOX 16403 CLEARWATER FL 33766			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-3746994</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  LAURENT, GEORGE B 3377 LANDING CT PALM HARBOR FL 34684-1719			7. Name and Address of New Registered Agent Name Street Address (P O Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LAURENT, GEORGE B	NAME			
STREET ADDRESS	3377 LANDING CT	STREET ADDRESS			
CITY-ST-ZIP	PALM HARBOR FL 34684-1719	CITY-ST-ZIP			
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SLADE, KAY	NAME			
STREET ADDRESS	3471 MACCLYMONT CT	STREET ADDRESS			
CITY-ST-ZIP	PALM HARBOR FL 34684	CITY-ST-ZIP			
TITLE	RS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HAND, BEVERLY	NAME			
STREET ADDRESS	12327 144TH STREET N.	STREET ADDRESS			
CITY-ST-ZIP	LARGO FL 33774	CITY-ST-ZIP			
TITLE	T <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HUTCHINSON, JOAN	NAME	T ALYSE E SIEGALIST		
STREET ADDRESS	1645 LAKESIDE DRIVE	STREET ADDRESS	#1023 200 STARKEY RD		
CITY-ST-ZIP	TARPON SPRINGS FL 34688	CITY-ST-ZIP	LARGO FL 33771		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DAVISON, RICHARD	NAME			
STREET ADDRESS	1206 ROXBURY DRIVE	STREET ADDRESS			
CITY-ST-ZIP	SAFETY HARBOR FL 34695	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CROTTY, MADELINE	NAME			
STREET ADDRESS	2330 ECUADORIAN WAY	STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER FL 33761	CITY-ST-ZIP			



1st MOORE CR2E037 (10/06)

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: George B Laurent 3/1/07 727 784 9512  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Additional DIRECTORS

ATTACHMENT

40033133  
#NO1000003629

MARY Jo BELL apt 714  
7501 Werdington Rd  
Largo FL 33771

Michael Blauver 519 N  
630 L S. Westshore Blvd  
Tampa 33616

~~Richard Davidson~~

ELLEN KENT 2978 NORTHFIELD DR  
TARPON SPRINGS  
34688

HARRIET MARLOW 3015 BOLT DRIVE  
PALM HARBOR 34685

MILDRED LARSON 11518 HARBORSIDE CIRCLE  
N.  
LARGO 33773

BILL WEISS 4629 12<sup>th</sup> AVE N.  
ST. PETE 33713

URSULA WIGNALL 2407 FLINTLOCK DR.  
CLEARWATER  
FL 33765