

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006743

FILED  
Jan 17, 2009  
Secretary of State

Entity Name: OPERA JACKSONVILLE, INC.

**Current Principal Place of Business:**

1714 WATERFORD LANDING DR.  
ORANGE PARK, FL 32003

**New Principal Place of Business:**

**Current Mailing Address:**

1714 WATERFORD LANDING DR.  
ORANGE PARK, FL 32003

**New Mailing Address:**

FEI Number: 43-2032363

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LEWIS, SONIA  
1714 WATERFORD LANDING DR.  
ORANGE PARK, FL 32003 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: GD ( ) Delete  
Name: LEWIS, SONIA  
Address: 1714 WATERFORD LANDING DRIVE  
City-St-Zip: FLEMING ISLAND (ORANGE PARK), FL 32003

Title: PRES ( ) Delete  
Name: GRANFIELD, CHRISTINE MD  
Address: 4463 WORTH DRIVE EAST  
City-St-Zip: JACKSONVILLE, FL 32207

Title: V P ( ) Delete  
Name: FRILLING, LESLIE  
Address: 1223 PALM DRIVE  
City-St-Zip: JACKSONVILLE, FL 32259

Title: TREA ( ) Delete  
Name: JARVIS, WALTER  
Address: 35 HIALEAH DRIVE  
City-St-Zip: ORANGE PARK, FL 32257

Title: SEC ( ) Delete  
Name: CROMLEY, KATHERINE  
Address: 1502 EIGHTH ST S  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

**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: TREA (X) Change ( ) Addition  
Name: BROSCHE, ANNA  
Address: 5150 BELFORT ROAD SOUTH  
City-St-Zip: JACKSONVILLE, FL 32256

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: SONIA LEWIS

GD

01/17/2009

Electronic Signature of Signing Officer or Director

Date