2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 07, 2008 08:00 A Secretary of State **DOCUMENT # N05000004788** 1. Entity Name FLORIDA SUNCOAST OPERA GUILD, INC. Mailing Address Principal Place of Business 3991 38TH WAY S 3991 38TH WAY S ST PETERSBURG, FL 33711 ST PETERSBURG, FL 33711 03292008 No Chg-NP CR2E037 (4/06) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 23-7100511 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WIGHT, LAURA B DO NOT WRITE 3991 38TH WAY S ST PETERSBURG, FL 33711 IN THIS SPACE 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. 9. Election Campaign Financing \$5.00 May Be Filing Fee Is \$61.25 Trust Fund Contribution. Added to Fees Due by May 1, 2008 10. OFFICERS AND DIRECTORS πLE NAME KENT, DORRIS U00000886167 STREET ADDRESS 10187 CLARA LN 04/18/08-80044-015 61.25 CITY-ST-719 SAINT PETERSBURG, FL 33708 TITLE NAME **BELLINO, EILEEN** STREET ADDRESS 1200 N SHORE DR NE #410 CITY-ST-71P ST PETERSBURG, FL 33701 TITE F NAME MORAN, SUE STREET ADDRESS 1872 SAILBOAT KEY BLVD S DO NOT WRITE CITY-ST-ZIP SAINT PETERSBURG, FL 33707 IN THIS SPACE TITE F NAME COUNTS, BARBARA STREET ADDRESS 3894 37TH ST S 41 CITY-ST-ZIP SAINT PETERSBURG, FL 33711 TITS F NAME STREET ADDRESS CITY-ST-ZIP TITLE

I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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:

NAME STREET ADDRESS CITY-ST-7IP

Darban Blownto, Treasurer

4-1-08