

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90201 048 ****61.25

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DOCUMENT # N06000006768 1. Entity Name JACKSONVILLE LYRIC OPERA, INC.					
Principal Place of Business 1714 WATERFORD LANDING DR. FLEMING ISLAND, FL 32003			Mailing Address 1714 WATERFORD LANDING DR. FLEMING ISLAND, FL 32003		
2. Principal Place of Business - No P.O. Box # 12700 Bartram Pk Blvd		3. Mailing Address 12700 Bartram Pk Blvd		02282008 Chg-NP CR2E037 (12/06) 4. FEI Number 20-5109600 Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc. #834		Suite, Apt. #, etc. #834			
City & State Jacksonville, FL		City & State Jacksonville, FL			
Zip 32258		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS ST. TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent Name Tracy Thorne Westwood Street Address (P.O. Box Number is Not Acceptable) 12700 Bartram Park Blvd. #834 City Jacksonville FL Zip Code 32258	
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 35%; text-align: right;"> April 25, 2008 <small>DATE</small> </div> </div>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRO LEWIS, SONIA <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Tracy Thorne Westwood <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1714 WATERFORD LANDING FLEMING ISLAND, FL 32003		TITLE NAME STREET ADDRESS CITY-ST-ZIP	12700 Bartram Park Blvd. #834 Jacksonville, FL 32258	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WESTWOOD, DONALD <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D David Seatter <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	12700 BARTRAM PARK BLVD., APT 834 JACKSONVILLE, FL 32258		TITLE NAME STREET ADDRESS CITY-ST-ZIP	39-24 50th St. Woodside, NY 11377 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing 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:			Donald Westwood April 25, 2008 (917) 648-6618		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		