

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -5 PM 3:10

DOCUMENT # **N17175** (3)
1. Corporation Name
BAY AREA CIVIC OPERA, INC.

Principal Place of Business Mailing Address
ROSALINE POSNO
75 PINELLAS WAY NORTH
ST. PETERSBURG FL 33710

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/08/1986** 3a. Date of Last Report **02/01/1994**
4. FEI Number **59-2721617** Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 **6647 Central Avenue** 26 **6647 Central Avenue**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **St. Petersburg, FL** 27 **St. Petersburg, FL**
City & State City & State
23 **33710** 28 **33710**
Zip Country Zip Country
24 **Pinellas** 29 **Pinellas** 30 **Pinellas**

5. Certificate of Status Desired **\$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
POSNO, ROSALINE
75 PINELLAS WAY NORTH 6647 Central Avenue
ST. PETERSBURG FL 33710

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POSNO, ROSALINE	1.2 NAME	
STREET ADDRESS	6518 DEBBIE LANE SOUTH	1.3 STREET ADDRESS	
CITY - ST - ZIP	SOUTH PASADENS FL	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RASMUSSEN, ROBERT	2.2 NAME	
STREET ADDRESS	5832 17TH AVE SOUTH	2.3 STREET ADDRESS	
CITY - ST - ZIP	GULFPORT FL	2.4 CITY - ST - ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRIZEK, LORRAINE	3.2 NAME	
STREET ADDRESS	5705 80 ST. N #204	3.3 STREET ADDRESS	
CITY - ST - ZIP	ST. PETERSBURG FL	3.4 CITY - ST - ZIP	
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRIZEK, CHARLOTTE	4.2 NAME	
STREET ADDRESS	4950 GULF BLVD. #209	4.3 STREET ADDRESS	
CITY - ST - ZIP	ST. PETERSBURG FL	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUSSELL, RUTH	5.2 NAME	
STREET ADDRESS	374 BOCA CIEGA POINT RD.	5.3 STREET ADDRESS	
CITY - ST - ZIP	ST. PETERSBURG FL	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROWNEY, GERARD	6.2 NAME	
STREET ADDRESS	178 21ST AVE NORTH	6.3 STREET ADDRESS	D WALKER, JOAN L. 300 Park Street South
CITY - ST - ZIP	ST. PETERSBURG FL	6.4 CITY - ST - ZIP	St. Petersburg, FL

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Rosaline Posno* 5/29/95 813/384-4650
ROSALINE POSNO, President