

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N17175** (3)

1. Corporation Name  
**BAY AREA CIVIC OPERA, INC.**



Principal Place of Business: **6647 CENTRAL AVENUE, 75 PINELLAS WAY NORTH, ST. PETERSBURG FL 33710 US**  
Mailing Address: **6647 CENTRAL AVENUE, 75 PINELLAS WAY NORTH, ST. PETERSBURG FL 33710 US**

3. Date Incorporated or Qualified: **10/08/1986**  
3a. Date of Last Report: **04/05/1995**

21	2. Principal Place of Business	2a	Mailing Address	4.	FBI Number	Applied For				
		26			<b>59-2721617</b>	Not Applicable				
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required				
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees				
24	Zip	25	Country	29	Zip	30	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>POSNO, ROSALINE</b> <b>75 PINELLAS WAY NORTH</b> <b>ST. PETERSBURG FL 33710</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>POSNO, ROSALINE</b>	1.2 NAME	
STREET ADDRESS	<b>6518 DEBBIE LANE SOUTH</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SOUTH PASADENS FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RASMUSSEN, ROBERT</b>	2.2 NAME	
STREET ADDRESS	<b>5932 17TH AVE SOUTH</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GULFPORT FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KRIZEK, LORRAINE</b>	3.2 NAME	
STREET ADDRESS	<b>5705 80 ST. N #204</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KRIZEK, CHARLOTTE</b>	4.2 NAME	
STREET ADDRESS	<b>4950 GULF BLVD. #209</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FUSSELL, RUTH</b>	5.2 NAME	
STREET ADDRESS	<b>374 BOCA CIEGA POINT RD.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WALKER, JOAN L</b>	6.2 NAME	
STREET ADDRESS	<b>300 PARK STREET SOUTH</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>	6.4 CITY-ST-ZIP	

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 119.07(3)(k), 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 617, 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 Rosaline Posno 4/30/96 813/345-8471  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)