

FILE NOW: FILING FEE IS \$61.25

FILED

May 19 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 33710-8318  
US

3. Date Incorporated or Qualified 10/08/1986  
3a. Date of Last Report 05/01/1996

2. Principal Place of Business  
21 6518 Debbie Lane S.  
2a. Mailing Address  
26 6518 Debbie Lane S.

4. FEI Number 59-2721617  
Applied For Not Applicable

Suite, Apt. #, etc.  
22 St. Petersburg  
27 Suite, Apt. #, etc.

5. Certificate of Status Desired  \$8.75 Additional Fee Required

City & State  
23 St. Petersburg, FL  
28 St. Petersburg, FL

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

Zip Country  
24 33707 Pinellas  
29 33707 Pinellas  
30 Pinellas

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

POSNO, ROSALINE  
6518 DEBBIE LANE S  
ST. PETERSBURG FL 33707

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 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 \_\_\_\_\_

Table with 5 rows and 2 columns: 12. OFFICERS AND DIRECTORS. Columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP, and a DELETE checkbox.

Table with 5 rows and 2 columns: 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Columns: 1.1-1.4 (TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP) and checkboxes for Change and Addition.

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [Signature] REQUIRED 4/26/97 813 345-8471  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Overtime Phone # 0050674

CR2E037 (9/96)