FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N25722

1. Corporation Name

VERO BEACH OPERA GUILD, INC.

Principal Place of Business
3960 EIGHTH PLACE C/O ELIZABETH RANDOLPH VERO BEACH FL 32960
HS

2. Principal Place of Business

Vore Beach

Suite, Apt. #, etc.

City & State

8525 Waco Way

Mailing Address
P.O. BOX 6912
VERO BEACH FL 32961
US

2a. Mailing Address

same

City & State

Suite, Apt. #, etc.

26

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90021 033 ****61.25

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Applied For

\$8.75 Additional

Fee Required

Not Applicable



3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

04/04/1988

59-2883286

4. FEI Number

	Deach I I I I I I I I I I I I I I I I I I I					
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 f Added to	
32968		da and Ament	<u>'L. </u>	10. Name and Address of New Register		
	9. Name and Address of Current Regis	terea Agent	81 Name	TO. Hame and Address of New Hogister	007190111	
RANDOLPH, ELIZABETH M. 3960 EIGHTH PLACE:			ROSEMARY B. GAGLIARDI Address (P.O. Box Number is Not Acceptable)			
	CH FL 32960		- 83 B	325 Waco Way		
101000	10111 5 02000		84 City	JZJ Naco Nay	85 Zip C	ode
			V	ero peacu	L 32	968
office or re	to the provisions of Sections 617.0502 and 6 egistered agent, or both, in the State of Florion or familiar with, and accept the obligations of	da. Such change was auth	onzed by the corp	corporation submits this statement for the purpos- oration's board of directors. I hereby accept the al	pominen aș reg	1010100
SIGNATURE	ROSEMARY B. GAGLIARI	DI, Presiden	t Kos	mary D Daglad April		99
	Signature, typed or printed name of registered agent and title	if applicable. (NOTE: Re-	gistered Agent signature r	equired when heinstating) ADDITIONS/CHANGES TO OFFICERS		RS IN 12
12.	OFFICERS AND DIRE		13.		Change	Addition
TITLE	PD SANDOLPH FUZAREZHAM	DELETE	1.1 TITLE	President ROSEMARY B. GAGLIARDI	Kill Origingo	
NAME	RANDOLPH, ELIZABETH M.		1.2 NAME	Y		
STREET ADDRESS	3960 EIGHTH PLACE			8525 Waco Way	2069	
CITY-ST-ZIP	VERO BEACH FL		1.4 CITY-ST-ZIP	Vero Brach, Florida 3:	XI Change	☐ Addition
TITLE	VD	□K DELETE	2.1 TITLE	Vice President	<u>i</u> ∠nange	L Addition
NAME	GAGLIARDI, ROSEMARY		2.2 NAME	JOHN- HOUX		
STREET ADDRESS	8525 WACO WAY		2.3 STREET ADDRESS	201 Spyglass Lane		
CITY-ST-ZIP	VERO BEACH FL		2. 4 CfTY-ST-ZIP	Vero Beach, Florida	32963	
TITLE	TD	☐ DELETE	3.1 TITLE		Change	☐ Addition
NAME	TOOHEY, JOHN		3.2 NAME			
STREET ADDRESS	601 FLAMENINE ROAD		3.3 STREET ADDRESS			
CITY-ST-ZIP	VERO BEACH FL		3.4. CITY-ST-ZIP			
TITLE	SD	★ DELETE	4.1 TITLE	Secretary	Change	Addition Addition
NAME	HILL, ANITA		4, 2 NAME	ELIZABETH M. RANDOLPH		
	5100 N A1A APT E-6		4.3 STREET ADDRESS	3960 Eighth Place		
CITY-ST-ZIP	VERO BEACH FL		4.4 CITY-ST-ZIP	Vero Beach, Florida	32960	· · · · · · · · · · · · · · · · · · ·
TITLE		☐ DELETE	5.1 TITLE		☐ Change	☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
			6.4 CITY+ST-ZIP			
CITY-ST-ZIP	The state of the s	ili — dana mak munifik for th		d in Section 119.07(3)(i), Florida Statutes. I further	cortify that the in	formation

I 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, with all other like empowered.

SIGNATURE

SIGNATURE REQUIRED

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

nouy B. Saplante (56) 567-4339