

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2005 8:00 am**  
**Secretary of State**

01-18-2005 90060 045 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                    |                                                                                                                                                                                                |                                                                                                                                                                                                                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>DOCUMENT # N25722</b><br>1. Entity Name<br><b>VERO BEACH OPERA GUILD, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                    |                                                                                                               |                                                                                                                                                                                                                                     |
| Principal Place of Business<br><b>8525 WACO WAY</b><br><b>VERO BEACH, FL 32968</b> <b>US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                    | Mailing Address<br><b>P.O. BOX 6912</b><br><b>VERO BEACH, FL 32961</b> <b>US</b>                                                                                                               |                                                                                                                                                                                                                                     |
| 2. Principal Place of Business<br><b>49 ROYAL PALM POINTE</b><br>Suite, Apt. #, etc. <b>201</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                    | 3. Mailing Address<br><b>49 ROYAL PALM POINTE</b><br>Suite, Apt. #, etc. <b>201</b>                                                                                                            |                                                                                                                                                                                                                                     |
| City & State<br><b>VERO BEACH, FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                    | City & State<br><b>VERO BEACH, FL</b>                                                                                                                                                          |                                                                                                                                                                                                                                     |
| Zip <b>32960</b> Country <b>US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                    | Zip <b>32960</b> Country <b>US</b>                                                                                                                                                             |                                                                                                                                                                                                                                     |
| 4. FEI Number<br><b>59-2883286</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                    | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                                         |                                                                                                                                                                                                                                     |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                    | <b>\$8.75 Additional Fee Required</b>                                                                                                                                                          |                                                                                                                                                                                                                                     |
| 6. Name and Address of Current Registered Agent<br><br><b>GAGLIARDI, ROSEMARY B</b><br><b>8525 WACO WAY</b><br><b>VERO BEACH, FL 32968</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                    | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="text-align: right;"> <b>FL</b>    Zip Code         </div> |                                                                                                                                                                                                                                     |
| 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.                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                    |                                                                                                                                                                                                |                                                                                                                                                                                                                                     |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                    |                                                                                                                                                                                                |                                                                                                                                                                                                                                     |
| <b>Filing Fee is \$81.25</b><br><b>Due by May 1, 2005</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                    | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                                                                         |                                                                                                                                                                                                                                     |
| Make check payable to<br><b>Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                    |                                                                                                                                                                                                |                                                                                                                                                                                                                                     |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                    | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                                                                                                                                   |                                                                                                                                                                                                                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>VD</b><br><b>CONNOLLY, JOHN T</b><br><b>14881 TUCAN RD.</b><br><b>FORT PIERCE, FL 34951</b>     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                 | <input checked="" type="checkbox"/> Delete<br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>TD</b><br><b>BRACKINS, A. J.</b><br><b>1201 19TH PL - STE B-30V</b><br><b>VERO BEACH, FL 32960</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>D</b><br><b>GAGLIARDI, ROSEMARY B</b><br><b>8525 WACO WAY</b><br><b>VERO BEACH, FL 32968</b>    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                 | <input type="checkbox"/> Delete<br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>SD</b><br><b>GAGLIARDI, ROSEMARY B</b><br><b>8525 WACO WAY</b><br><b>VERO BEACH, FL 32968</b>                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>TD</b><br><b>HANCOCK, DAVID L</b><br><b>1005 6TH COURT SW</b><br><b>VERO BEACH, FL 32962</b>    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                 | <input type="checkbox"/> Delete<br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>D</b><br><b>HANCOCK DAVID L</b><br><b>1005 6TH COURT SW</b><br><b>VERO BEACH, FL 32962</b>                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>SD</b><br><b>ORTEGA-COWAN, JOAN</b><br><b>925 SEAWATER DRIVE</b><br><b>VERO BEACH, FL 32963</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                 | <input type="checkbox"/> Delete<br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>PD</b><br><b>ORTEGA-COWAN, JOAN</b><br><b>925 SEAWATER DRIVE</b><br><b>VERO BEACH, FL 32963</b>               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>D</b><br><b>ORTEGA-COWAN, ROMAN</b><br><b>925 SEAWATER DR.</b><br><b>VERO BEACH, FL 32963</b>   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                 | <input type="checkbox"/> Delete<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>D</b><br><b>PIROZZOLO, JACK O</b><br><b>2210 SEASIDE ST.</b><br><b>VERO BEACH, FL 32963</b>     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                 | <input checked="" type="checkbox"/> Delete<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                     |
| 12. 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 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. |                                                                                                    |                                                                                                                                                                                                |                                                                                                                                                                                                                                     |
| <b>SIGNATURE: _____</b> <b>A J BRACKINS, TREASURER 1/11/05 72562 6526</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                    |                                                                                                                                                                                                |                                                                                                                                                                                                                                     |