

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90356 009 *****61.25

DOCUMENT # N96000004433

1. Entity Name
SOUTH FLORIDA OPERA COMPANY, INC.



Principal Place of Business
1234 BARNSTABLE CIR
WELLINGTON, FL 33414

Mailing Address
1234 BARNSTABLE CIR
WELLINGTON, FL 33414



2. Principal Place of Business

3. Mailing Address

04062004 Chg-NP CR2E037 (10/03)

4. FEI Number
65-0707422

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PHILLIPS, STEPHEN R
1555 PALM BEACH LAKES BLVD. STE 1501
NATIONSBANK TOWER
WEST PALM BEACH, FL 33401

7. Name and Address of New Registered Agent

Name Phillips, Stephen R.
Street Address (P.O. Box Number is Not Acceptable) 515 N. Flagler Drive # 702
City West Palm Beach FL 33401

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	PACE, FRANCESCO	
STREET ADDRESS	14587 HALTER ROAD	
CITY-ST-ZIP	WELLINGTON, FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MERRILL, SARAH A	
STREET ADDRESS	16141 PREAKNESS DRIVE E	
CITY-ST-ZIP	LOXAHATCHEE, FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WELCH, EDWARD	
STREET ADDRESS	6809 HAMMOCK LA.	
CITY-ST-ZIP	WEST PALM BEACH, FL 33411	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MANCUSO, CHARLES	
STREET ADDRESS	11350 56TH PLACE NORTH	
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pace, Francesco	
STREET ADDRESS	1234 Barnstable Cir.	
CITY-ST-ZIP	Wellington, FL 33414	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE: Sarah Merrill
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/04 561 790-2093
Date Daytime Phone #