


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

**FILED**

**Mar 02 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT **1998**



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

**DOCUMENT # N97000004175 (2)**  
1. Corporation Name  
**COALITION OF OPERA LOVERS, INC.**



Principal Place of Business: **10817 CLARA LANE ST. PETERSBURG FL 33708**  
Mailing Address: **P.O. BOX 86094 ST. PETERSBURG FL 33738**

3. Date Incorporated or Qualified: **07/22/1997**  
4. FEI Number:  Applied For  Not Applicable

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields for Suite, Apt. #, City & State, Zip, and Country.

5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
7. Is this nonprofit corporation a homeowners association?  Yes  No  
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
**KENT, DORRIS C  
10817 CLARA LANE  
ST. PETERSBURG FL 33708**

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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 617.0603, Florida Statutes.

SIGNATURE: *Dorris C. Kent, President* **Toid** *1/6/98*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> DELETE
NAME	Dorris C. Kent	
STREET ADDRESS	10817 Clara Lane	
CITY-ST-ZIP	St. Pete. FL. 33708	
TITLE	Vice President	<input type="checkbox"/> DELETE
NAME	Jennelle Tucker	
STREET ADDRESS	5400-Park St. No. #705	
CITY-ST-ZIP	St. Pete. FL. 33709	
TITLE	Secretary	<input type="checkbox"/> DELETE
NAME	Bethia Caffery	
STREET ADDRESS	1019 Jungle Ave.	
CITY-ST-ZIP	St. Pete. FL. 33710	
TITLE	Treasurer	<input type="checkbox"/> DELETE
NAME	Joan Jaicks	
STREET ADDRESS	459 Bayview Dr. N.E.	
CITY-ST-ZIP	St. Pete. FL. 33704	
TITLE	Director	<input type="checkbox"/> DELETE
NAME	Jean Rosborough, 1-Beach Dr.	
STREET ADDRESS	St. Pete. 33701; Director	
CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> DELETE
NAME	Betty Metzler, 1357-86 Terr. No	
STREET ADDRESS	St. Pete. 33702	
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Eileen Albanese, Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	7050 Sunset Dr. S. #210	
1.3 STREET ADDRESS	St. Pete. FL. 33707	
1.4 CITY-ST-ZIP		
2.1 TITLE	Lucky Morgan, Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	3010-8th St. No.	
2.3 STREET ADDRESS	St. Pete. FL. 33704	
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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14. I hereby certify that 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: *Dorris C. Kent, President* **Toid** *1/6/98*

CF2E037 (10/97)