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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **N97000004175**
 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**



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	07/22/1997
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	APPLIED FOR 59-3487900
City & State	City & State	Applied For
23	28	<input type="checkbox"/> Not Applicable
Zip	Zip	5. Certificate of Status Desired
24	29	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Country	Country	6. Election Campaign Financing
25	30	<input checked="" type="checkbox"/> \$5.00 May Be Added to Fees
		Trust Fund Contribution

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 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	KENT, DORRIS C	
STREET ADDRESS	10817 CLARA LANE	
CITY-ST-ZIP	ST. PETERSBURG FL 33708	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	TUCKER, JENNELLE	
STREET ADDRESS	5400-PARK ST., #705	
CITY-ST-ZIP	ST. PETE FL 33709	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CAFFERY, BETHIA	
STREET ADDRESS	1019 JUNGLE AVE	
CITY-ST-ZIP	ST. PETE FL 33710	
TITLE	T	<input type="checkbox"/> DELETE
NAME	JAICKS, JOAN	
STREET ADDRESS	459 BAYVIEW DR. NE	
CITY-ST-ZIP	ST. PETE FL 33704	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ROSBOROUGH, JEAN	
STREET ADDRESS	1-BEACH DR. SE	
CITY-ST-ZIP	ST. PETE FL 33701	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	METZLER, BETTY	
STREET ADDRESS	1357-86 TERR. NO.	
CITY-ST-ZIP	ST. PETE FL 33702	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	D MARY WRIGHT
3.3 STREET ADDRESS	5980 Shore Blvd. So. #101
3.4 CITY-ST-ZIP	Gulfport, FL. 33707
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 checked="" type="checkbox"/> Addition
5.2 NAME	D Eileen Albanese
5.3 STREET ADDRESS	7050 Sunset Drive So. #210
5.4 CITY-ST-ZIP	St. Petersburg, FL. 33707
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D Dr. Frank Biringer
6.3 STREET ADDRESS	2242 Grovewood Road
6.4 CITY-ST-ZIP	Clearwater, FL. 33764

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: **DORRIS C KENT** *[Signature]* **REQUIRED** Jan. 12, 1999 (727)319-3050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)