

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90181 028 \*\*\*\*61.25

**DOCUMENT # N97000004175**

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3487900**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**KENT, DORRIS C  
10817 CLARA LANE  
ST. PETERSBURG FL 33708**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 reinstating)

DATE

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

9. Election Campaign Financing  
Trust Fund Contribution. *no*

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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>KENT, DORRIS C</b>	
STREET ADDRESS	<b>10817 CLARA LANE</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33708</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WRIGHT, MARY</b>	
STREET ADDRESS	<b>5980 SHORE BLVD.S. #101</b>	
CITY-ST-ZIP	<b>SAINT PETERSBURG FL 33707</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>CAFFERY, BETHIA</b>	
STREET ADDRESS	<b>1019 JUNGLE AVE</b>	
CITY-ST-ZIP	<b>ST. PETE FL 33710</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>WEISS, WILLIAM</b>	
STREET ADDRESS	<b>4629-12TH AVE. NO.</b>	
CITY-ST-ZIP	<b>SAINT PETERSBURG FL 33713</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>DAMJANOVICH, SMELIA</b>	
STREET ADDRESS	<b>1177-86TH TERRACE NORTH.</b>	
CITY-ST-ZIP	<b>SAINT PETERSBURG FL 33702</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ALBANESE, EILEEN</b>	
STREET ADDRESS	<b>7050 SUNSET DRIVE S #210</b>	
CITY-ST-ZIP	<b>ST PETERSBURG FL 33707</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CELESTE BOUCHER</b>	
STREET ADDRESS	<b>34692 Lake Drive</b>	
CITY-ST-ZIP	<b>Pinellas Park, FL. 33781</b>	
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	<b>D</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Betty Metzler</b>	
STREET ADDRESS	<b>1357-86th Terr. No.</b>	
CITY-ST-ZIP	<b>St. Pete, FL. 33702</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Dorris C. Kent**  
**SIGNATURE REQUIRED**

*Jan 10, 2003*