

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001723

Entity Name: ST. PETERSBURG OPERA COMPANY**Current Principal Place of Business:**2145 FIRST AVE. S
ST. PETERSBURG, FL 33709**Current Mailing Address:**PO BOX 238
ST PETERSBURG, FL 33731**FEI Number:** 20-8523525**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PREIS, NANCY
2145 FIRST AVE. S
ST PETERSBURG, FL 33712 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	DIRECTOR
Name	CALDWELL, RICHARD
Address	220 108TH AVE. #301
City-State-Zip:	TREASURE ISLAND FL 33706

Title	TREA
Name	SCHULTES, ALEXANDRA
Address	2145 FIRST AVE. S
City-State-Zip:	ST. PETERSBURG FL 33712

Title	VP
Name	SFORZINI, MARK
Address	215 S HALE
City-State-Zip:	TAMPA FL 33609

Title	PRESIDENT
Name	DUMONT, BELINDA
Address	3301 BAYSHORE BLVD. #703
City-State-Zip:	TAMPA FL 33629

Title	DIR
Name	SMITH, MIRELLA
Address	600 55TH AVE.
City-State-Zip:	ST. PETE BEACH FL 33706

Title	SECRETARY
Name	ATHOS, IRENE
Address	2145 FIRST AVE. S
City-State-Zip:	ST. PETERSBURG FL 33712

Title	CFO
Name	PREIS, NANCY J
Address	2145 FIRST AVE. S
City-State-Zip:	ST. PETERSBURG FL 33712

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: NANCY J. PREIS**CFO****01/08/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date