

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2004 8:00 am
Secretary of State

04-15-2004 90003 012 ****61.25

DOCUMENT # 760136

1. Entity Name
THE TALLAHASSEE BACH PARLEY, INC.



Principal Place of Business
**4248 CHARLES SAMUEL DR
TALLAHASSEE, FL 32308**

Mailing Address **SAMUEL**
**4248 CHARLES SAMUEL DR
TALLAHASSEE, FL 32308**

34055589



DO NOT WRITE IN THIS SPACE

04082004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2209177	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**BREWER, CHARLES E
4248 CHARLES SAMUEL DR
TALLAHASSEE, FL 32308**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS BREWER, CHARLES E 4248 CHARLES SAMUEL DRIVE TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T POLIUTO, VALERIO PO BOX 13 WACISSA, FL 32361
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORZINE, MICHAEL 1105 KENILWORTH RD TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMMOND, GERRY 2005 OLD FORT DR TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WITMER, CHARLES T 1943 LAWSON ROAD TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, JAMES C 3021 S SHORE CIR TALLAHASSEE, FL 32312

**DO NOT WRITE
IN THIS SPACE**

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:

Valerio Poliuto

VALERIO POLIUTO

4-9-04

850-997-2310

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #