2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2005 08:00 AM
Secretary of State

DOCUMENT # 760136

1. Entity Name
THE TALLAHASSEE BACH PARLEY, INC.

Principal Place of Business	Mailing Address
4248 CHARLES SAMUAL DR TALLAHASSEE, FL 32308	4248 CHARLES SAMUAL DR TALLAHASSEE, FL 32308

04082005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2209177
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

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

U00000296020
04/09/05-80052-003 61.25

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: V Poliuto VALERIO POLIUTO 4-8-05 850-922-0712
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #