

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 20, 2004 8:00 am
Secretary of State

05-20-2004 90005 021 ****61.25

DOCUMENT # N02000007663

1. Entity Name

THE BACH ENSEMBLE, INCORPORATED



Principal Place of Business

3667 ARCTIC CIRCLE
NAPLES FL 34112

Mailing Address

3667 ARCTIC CIRCLE
NAPLES FL 34112

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

51-0429031

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SILVESTRI, VITO N
3667 ARCTIC CIRCLE
NAPLES FL 34112

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

Vito N. Silvestri, Ph.D.

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
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SILVESTRI, VITO N
STREET ADDRESS 3667 ARCTIC CIRCLE
CITY-ST-ZIP NAPLES FL 34112 ☐ Delete

TITLE D
NAME DOIRON, RONALD
STREET ADDRESS 3461 ANGUILLA WAY
CITY-ST-ZIP NAPLES FL 34110 ☐ Delete

TITLE SD
NAME BROMMEL, BERNARD J
STREET ADDRESS 421 WEST MELROSE #22A
CITY-ST-ZIP CHICAGO IL 60657 ☐ Delete

TITLE D
NAME GOODMAN, GINNY
STREET ADDRESS 2110 ARIELLE DR., #104
CITY-ST-ZIP NAPLES FL 34108 ☐ Delete

TITLE D
NAME PEARCE, STEPHANIE
STREET ADDRESS 3281 GOLDEN GATE BLVD.
CITY-ST-ZIP NAPLES FL 34120 ☐ Delete

TITLE D
NAME SILVESTRI, MARC
STREET ADDRESS 475 KENT AVENUE #302
CITY-ST-ZIP BROOKLYN NY 11211 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE TREASURER
NAME Beula Perry
STREET ADDRESS 4620 NAVASIS LANE
CITY-ST-ZIP NAPLES, FL 34119 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Vito N. Silvestri, Ph.D.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 15, 2004

Date

239 417-2141

Daytime Phone #