


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 10, 2008 8:00 am
Secretary of State

07-10-2008 90016 019 ****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 - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 51-0429031	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;"> SIGNATURE <u><i>Vito N. Silvestri, Ph.D.</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: center;"> <u>President & Founder</u> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 20%; text-align: right;"> <u>July 7, 2008</u> <small>DATE</small> </div> </div>					
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P SILVESTRI, VITO N 3667 ARCTIC CIRCLE NAPLES, FL 34112	<input type="checkbox"/> Delete	TITLE	Treasurer Valarie Milazzo 15184 Brolio Way Naples, FL 34110	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D DOIRON, RONALD 3461 ANGUILLA WAY NAPLES, FL 34110	<input type="checkbox"/> Delete	TITLE	Secretary Julia Bugera 660 6th. Ave. N , Naples FL 34102	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D BROMMEL, BERNARD J 3440 N. LAKE SHORE DR., #90 CHICAGO, IL 60657	<input type="checkbox"/> Delete	TITLE	Janet Ortenzo 13606 Cherry Tree Court Ft. Myers, FL 33912	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	VP GOODMAN, GINNY 3604 EXUMA WAY NAPLES, FL 34119	<input checked="" type="checkbox"/> Delete	TITLE	Susan Christiano 9179 Spring Mt. Way Ft. Myers, FL 33908	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D PEARCE, STEPHANIE 3281 GOLDEN GATE BLVD. NAPLES, FL 34120	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	S DEARTH, DIANA 156 CABAL LAKE DRIVE NAPLES, FL 34104	<input type="checkbox"/> Delete	TITLE	Vice-President Diana Dearth 11750 Quail Village Way Naples, FL 34119	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;"> SIGNATURE: <u><i>Vito N. Silvestri, Ph.D.</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> </div> <div style="width: 40%; text-align: center;"> <u>President & Founder</u> <small>Date</small> </div> <div style="width: 20%; text-align: right;"> <u>July 8, 2008</u> <small>Daytime Phone #</small> </div> </div>					

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