**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Jan 23, 2023**
**Secretary of State**
**3531464256CC**

DOCUMENT# 760136

**Entity Name:** THE TALLAHASSEE BACH PARLEY, INC.

**Current Principal Place of Business:**

3777 FOUR OAKS BLVD.
TALLAHASSEE, FL 32311

**Current Mailing Address:**

P.O. BOX 1202
TALLAHASSEE, FL 32302-1202

**FEI Number: 59-2209177**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

PREBYS, AVA G
3777 FOUR OAKS BLVD
TALLAHASSEE, FL 32311 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, TREASURER |
| Name | PREBYS, AVA |
| Address | 3777 FOUR OAKS BLVD |
| City-State-Zip: | TALLAHASSEE FL 32311 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | CORZINE, MICHAEL |
| Address | 1105 KENILWORTH ROAD |
| City-State-Zip: | TALLAHASSEE FL 32312 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | ALVES, JAMES |
| Address | 2110 TRESCOTT DRIVE |
| City-State-Zip: | TALLAHASSEE FL 32308 |

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|---|---|
| Title | SECRETARY |
| Name | WILLIAMS, P. DENISE |
| Address | 2802 HARWOOD STREET |
| City-State-Zip: | TALLAHASSEE FL 32301 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | BREWER, CHARLES |
| Address | 4248 CHARLES SAMUEL DRIVE |
| City-State-Zip: | TALLAHASSEE FL 32309 |

| | |
|---|---|
| Title | CHAIRMAN |
| Name | ABBERGER, LESTER |
| Address | 201 W. PARK AVE |
| City-State-Zip: | TALLAHASSEE FL 32301 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | RICHARDSON, CARLA KING |
| Address | 3505 DAYLILY LANE |
| City-State-Zip: | TALLAHASSEE FL 32308 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | RICK EFFINGER |
| Address | 2073 HOLLYWOOD DRIVE |
| City-State-Zip: | TALLAHASSEE FL 32303 |

**Continues on page 2**

*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: AVA PREBYS — DIRECTOR, TREASURER — 01/23/2023

Electronic Signature of Signing Officer/Director Detail — Date

**Officer/Director Detail Continued :**

| | |
|---|---|
| Title | DIRECTOR |
| Name | WATSON, KRISTOPHER |
| Address | 1756 HARVEST PLACE |
| City-State-Zip: | TALLAHASSEE FL 32301 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | SPRINGER, GREG |
| Address | 839 WILMON CT |
| City-State-Zip: | TALLAHASSEE FL 32308 |

| | |
|---|---|
| Title | VC, DIRECTOR |
| Name | JACKSON, JONATHAN |
| Address | 839 WILMON CT |
| City-State-Zip: | TALLAHASSEE FL 32308 |