2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 09, 2008 8:00 am Secretary of State

DOCUMENT # N0300002561 1. Entity Name INSTITUTE FOR HEALING THROUGH SOUND AND MUSIC, INC.								05-09-200	_	9 014 ****6	51.25
Principal Place of Business 1027 26TH FRANKLAND RD TAMPA, FL 33629			1027 26TH FF	Mailing Address 1027 26TH FRANKLAND RD TAMPA, FL 33629					·		_
		ness - No P.O. Box #	3. Mailing Addro	uen.							
	Frankland Florida 33		1	1027 S. Frankland Road Tampa, Florida 33629			01232008	Chg-NP	CR2E	037 (12/06)	
City & Stat	te		City & State	City & State		\dashv	4. FEI Number 54-211!			<u> </u>	oplied For ot Applicable
Zip		Country	Zip	Zip Cou		\top	5. Certificate	of Status Desired	0	\$8.75 Add	ditional
	6. Name	e and Address of Currer	nt Registered Agent	· · · · · · · · · · · · · · · · · · ·	Ι		7. Name and	Address of New	Registere		
STROIL S	- IADON	,			Name S	har		l (correc			.)
STROIL, S 1027 26TH TAMPA, F	I FRANKL	AND RD						r is Not Acceptab		s hrease	=)
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			de de		Tampa,	F1	o <u>rida</u>		F	_ 10006	9
8. The above	named entil	ty submits this statement	for the purpose of cha	inging its register	red office or req	gistere	d agent, or bot	h, in the State of F	lorida. I ar	n familiar with,	and accept
iiic ooliga	tions of regis	itereo agent.									j
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SIGNATURE	Signature, typed	or printed name of registered age	nt and trie if applicable.		red Agent agneture re				DATE		
	·										
	-	e is \$61.25 May 1, 2008	Tru	ction Campaign I st Fund Contribu			\$5.00 May B Added to Fees	Flo	rida Dep	ck payable to ertment of Si	tate
10.	Due by I		Tru	st Fund Contribu	ution.		Added to Fees		rida Dep	ertment of Si	tate
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TITLE NAME	T STOLL, S	OFFICERS AND C	Tru	st Fund Contribu	LE ME		Added to Fees	Flo	rida Dep	OIRECTORS IN	tate
TITLE	T STOLL, S	OFFICERS AND C SHARON RANKLAND RD	Tru	st Fund Contribu	ation.		Added to Fees	Flo	rida Dep	OIRECTORS IN	tate
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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:	Sharon		Sharon Stoll,	Treasurer,	4-7-08	
	SIGNATURE AND TYPED OR PRINT	ED NAME OF SIGNING OFFICIER OR DIRECTOR	·-	Date	Osysme Phone #	