
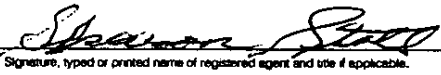



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-09-2008 90009 014 ****61.25

DOCUMENT # N03000002561					
1. Entity Name INSTITUTE FOR HEALING THROUGH SOUND AND MUSIC, INC.					
Principal Place of Business 1027 26TH FRANKLAND RD TAMPA, FL 33629			Mailing Address 1027 26TH FRANKLAND RD TAMPA, FL 33629		
2. Principal Place of Business - No P.O. Box # 1027 S. Frankland Road Tampa, Florida 33629		3. Mailing Address IHSM 1027 S. Frankland Road Tampa, Florida 33629		01232008 Chg-NP CR2E037 (12/06)	
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 54-2119280	Applied For Not Applicable
6. Name and Address of Current Registered Agent STROIL, SHARON 1027 26TH FRANKLAND RD TAMPA, FL 33629				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent Name Sharon Stoll (correct name please) Street Address (P.O. Box Number is Not Acceptable) 1027 S. Frankland Road City Tampa, Florida FL Zip Code 33629					
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 		Sharon Stoll, Treasurer		4-17-08	
Filing Fee is \$81.25 Due by May 1, 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	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STOLL, SHARON		NAME		
STREET ADDRESS	1027 S FRANKLAND RD		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33629		CITY-ST-ZIP		
P	<input type="checkbox"/> Delete		(address only)	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FALK, VIRGINIA		NAME		
STREET ADDRESS	141 CHIPPEWA		STREET ADDRESS	9763 65th Way, N.	
CITY-ST-ZIP	TAMPA, FL 33606		CITY-ST-ZIP	Pinellas Park, FL 33782	
VP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	ETTEN, MARY JEAN		NAME		
STREET ADDRESS	7378 GRIFFIN RD		STREET ADDRESS		
CITY-ST-ZIP	BROOKSVILLE, FL 34601		CITY-ST-ZIP		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
<input type="checkbox"/> Delete			<input 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.					
SIGNATURE: 		Sharon Stoll, Treasurer, 4-7-08			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Overtime Phone #	