

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002561

FILED
Apr 07, 2009
Secretary of State

Entity Name: INSTITUTE FOR HEALING THROUGH SOUND AND MUSIC, INC.

Current Principal Place of Business:

1027 26TH FRANKLAND RD
TAMPA, FL 33629

New Principal Place of Business:

1027 S. FRANKLAND RD
TAMPA, FL 33629

Current Mailing Address:

1027 26TH FRANKLAND RD
TAMPA, FL 33629

New Mailing Address:

1027 S. FRANKLAND RD
TAMPA, FL 33629

FEI Number: 54-2119280

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STROIL, SHARON
1027 S FRANKLAND RD
TAMPA, FL 33629 US

Name and Address of New Registered Agent:

STOLL, SHARON S MRS
1027 S FRANKLAND RD
TAMPA, FL 33629 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: SHARON S. STOLL

04/07/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: STOLL, SHARON
Address: 1027 S FRANKLAND RD
City-St-Zip: TAMPA, FL 33629

Title: P () Delete
Name: FALK, VIRGINIA
Address: 9763 65TH WAY N
City-St-Zip: PINELLAS PARK, FL 33782

Title: VP () Delete
Name: ETTEN, MARY JEAN
Address: 7378 GRIFFIN RD
City-St-Zip: BROOKSVILLE, FL 34601

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: STOLL, SHARON S MRS.
Address: 1027 S FRANKLAND RD
City-St-Zip: TAMPA, FL 33629

Title: SEC (X) Change () Addition
Name: SPEED, ELLE MRS.
Address: 10711 59TH AVENUE
City-St-Zip: SEMINOLE, FL 33772

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SHARON S. STOLL

PRES

04/07/2009

Electronic Signature of Signing Officer or Director

Date