

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000005509

FILED  
Apr 19, 2010  
Secretary of State

**Entity Name:** THE FLORIDA WIND BAND, INC.

**Current Principal Place of Business:**

4202 E FOWLER AVE  
FAH 208  
TAMPA, FL 336207350

**New Principal Place of Business:**

**Current Mailing Address:**

5004 E FOWLER AVE  
#C140  
TAMPA, FL 33617

**New Mailing Address:**

**FEI Number:** 26-2517523

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

CARMICHAEL, ALISA  
4202 E FOWLER AVE  
FAH 208  
TAMPA, FL 336207350 US

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

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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: COLLINS, AMY  
Address: 4202 E FOWLER AVE  
City-St-Zip: TAMPA, FL 33620 US

Title: D  
Name: BOARDMAN, BEVERLY  
Address: 64 VIC EDWARDS RD  
City-St-Zip: SARASOTA, FL 34240

Title: D  
Name: FULLER, KEVIN  
Address: 7408 MARIA COVE  
City-St-Zip: RIVERVIEW, FL 33578 US

Title: D  
Name: CARMICHAEL, JOHN C  
Address: 201 WILLOWICK LANE  
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: D  
Name: CRAMER, KEVIN  
Address: 161133 N DALE MABRY HWY  
City-St-Zip: TAMPA, FL 33618

Title: D  
Name: JENNINGS, VANCE  
Address: 5004 E FOWLER AVE  
City-St-Zip: TAMPA, FL 33617 FL

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: ALISA CARMICHAEL

SEC

04/19/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date