2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000005509

Entity Name: THE FLORIDA WIND BAND, INC.

Current Principal Place of Business:

4202 E FOWLER AVE MUS 101

TAMPA, FL 33620

Current Mailing Address:

5004 E FOWLER AVE #C140

TAMPA, FL 33617 US

FEI Number: 26-2517523 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CARMICHAEL, ALISA R 201 WILLOWICK AVE TAMPA, FL 33617 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

FILED Feb 12, 2015

Secretary of State

CC8513334148

Officer/Director Detail:

Title D Title O

NameCARMICHAEL, ALISA RNameSANDERS, ROGERAddress201 WILLOWICK AVEAddress7810 RIVER RIDGE DRCity-State-Zip:TAMPA FL 33617City-State-Zip:TAMPA FL 33637

Title O Title O

NameCARMICHAEL, JOHN CNameSCULLY, SUSAN DAddress201 WILLOWICK AVEAddress6704 E 113TH AVE

City-State-Zip: TAMPA FL 33617 City-State-Zip: TEMPLE TERRACE FL 33617

Title O Title TREASURER

Name MCCUTCHEN, MATT Name JOHNSON, PAUL

Address 4202 E FOWLER AVE MUS 101 Address 401 FOREST PARK AVE

City-State-Zip: TAMPA FL 33620 City-State-Zip: TAMPA FL 33617

Title O. Title O

NameHOCUTT, ANNE MNameSCHOOS, ROBERTAddress14913 LAKE FOREST DRAddress4212 LA PALMA CTCity-State-Zip:LUTZ FL 33559City-State-Zip:TAMPA FL 33611

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 R CARMICHAEL

EXEC DIRECTOR

02/12/2015