

**2021 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:**BOMBAUGH, JASON  
8428 TIDAL BREEZE DRIVE  
RIVERVIEW, FL 33569 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

**Officer/Director Detail :**

Title O  
Name MCCUTCHEN, MATT  
Address 4202 E FOWLER AVE MUS 101  
City-State-Zip: TAMPA FL 33620

Title MR.  
Name BEDELL, GEORGE  
Address 2432 PROSPECT RD  
City-State-Zip: TAMPA FL 33629

Title OFFICER  
Name LALKA, ANDREA  
Address 125 WALNUT LN  
City-State-Zip: LAKE ALFRED FL 33850

Title OFFICER  
Name NEGRON, TONY  
Address 415 BELLE CLAIRE AVE  
City-State-Zip: TEMPLE TERRACE FL 33617

Title MRS  
Name MAY, BETSY  
Address 18416 EASTWYCK DR  
City-State-Zip: TAMPA FL 33547

Title OFFICER  
Name GOPAL, ARUPA  
Address 7905 N FREMONT AVE  
#201  
City-State-Zip: TAMPA FL 33604-3801

Title OFFICER  
Name NEALE, ROBERT J  
Address 4714 W FIELDER ST  
City-State-Zip: TAMPA FL 33611

Title OFFICER  
Name ROSSI, LAUREN  
Address 2820 GETTYSBURG LN  
City-State-Zip: WEST PALM BEACH FL 33409

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*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:** ARUPA GOPAL**EXECUTIVE DIRECTOR****04/13/2021**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title CFO  
Name BOMBAUGH, K JASON  
Address 8428 TIDAL BREEZE DRIVE  
City-State-Zip: RIVERVIEW FL 33569

Title DIRECTOR  
Name BARBER, STEVE  
Address 600 S. MAGNOLIA AVE.  
SUITE 300  
City-State-Zip: TAMPA FL 33606

Title DIRECTOR  
Name DUQUETTE, MONICA  
Address 8228 TARSIER AVENUE  
City-State-Zip: NEW PORT RICHEY FL 34653