

**2014 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**Officer/Director Detail :**

Title D  
Name CARMICHAEL, ALISA R  
Address 201 WILLOWICK AVE  
City-State-Zip: TAMPA FL 33617

Title CHAIRMAN  
Name DANIELS, AMANDA  
Address 3339 HANDY ROAD APT 618  
City-State-Zip: TAMPA FL 33618

Title O  
Name SANDERS, ROGER  
Address 7810 RIVER RIDGE DR  
City-State-Zip: TAMPA FL 33637

Title O  
Name CARMICHAEL, JOHN C  
Address 201 WILLOWICK AVE  
City-State-Zip: TAMPA FL 33617

Title O  
Name SCULLY, SUSAN D  
Address 6704 E 113TH AVE  
City-State-Zip: TEMPLE TERRACE FL 33617

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

Title TREASURER  
Name JOHNSON, PAUL  
Address 401 FOREST PARK AVE  
City-State-Zip: TAMPA FL 33617

Title O.  
Name HOCUTT, ANNE M  
Address 14913 LAKE FOREST DR  
City-State-Zip: LUTZ FL 33559

**Continues on page 2**

*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**EXECUTIVE DIRECTOR****02/17/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title	O
Name	SCHOOS, ROBERT
Address	4212 LA PALMA CT
City-State-Zip:	TAMPA FL 33611