


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2004 08:00 AM
Secretary of State

DOCUMENT # N01000006879	
1. Entity Name TALLAHASSEE WINDS, INC.	

Principal Place of Business C/O SCHOOL OF MUSIC FLORIDA STATE UNIVERSITY TALLAHASSEE, FL 32306-1180	Mailing Address C/O SCHOOL OF MUSIC FLORIDA STATE UNIVERSITY TALLAHASSEE, FL 32306-1180
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DO NOT WRITE IN THIS SPACE



03062004 No Chg-NP CR2E037 (10/03)

4. FEI Number 02-0572758	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fees Required

6. Name and Address of Current Registered Agent

**STOCKWELL, SANDRA
3900 COMMONWEALTH BLVD.
TALLAHASSEE, FL**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE 

(NOTE: Registered Agent signature required when reinstating)

3-15-04
DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KRONHOLZ, KENNETH 2206 KILLARNEY WAY TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MEYER, KEVIN 1570 COOMBS DR. TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RAYBOUN, CAROL 1304 MITCHELL AVE. TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U000000032330
03/19/04-80028-015 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

March 16, 2004 (850)
222-7517