

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2006 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



01122006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**02-0572758**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

STOCKWELL, SANDRA  
3900 COMMONWEALTH BLVD.  
TALLAHASSEE, FL

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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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

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

000000480963  
04/11/06-80011-018 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

*Kevin J. Meyer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KEVIN MEYER 3-21-06 410-3593

Date

Daytime Phone #