

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2007 08:00 A
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**



04172007 No Chg-NP CR2E037 (4/06)

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**

**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 _____

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, 2007**

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

U00000720928
05/01/07-80126-006 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 L. Meyer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/07
Date

880-410-3593
Daytime Phone #