

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006879

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: TALLAHASSEE WINDS, INC.

**Current Principal Place of Business:**

C/O SCHOOL OF MUSIC  
FLORIDA STATE UNIVERSITY  
TALLAHASSEE, FL 323061180

**New Principal Place of Business:**

**Current Mailing Address:**

C/O SCHOOL OF MUSIC  
FLORIDA STATE UNIVERSITY  
TALLAHASSEE, FL 323061180

**New Mailing Address:**

FEI Number: 02-0572758

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

STOCKWELL, SANDRA  
3900 COMMONWEALTH BLVD.  
TALLAHASSEE, FL US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: KRONHOLZ, KENNETH  
Address: 2206 KILLARNEY WAY  
City-St-Zip: TALLAHASSEE, FL

Title: D ( ) Delete  
Name: MEYER, KEVIN  
Address: 1570 COOMBS DR.  
City-St-Zip: TALLAHASSEE, FL

Title: D ( ) Delete  
Name: RAYBOUN, CAROL  
Address: 1304 MITCHELL AVE.  
City-St-Zip: TALLAHASSEE, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: KEVIN MEYER

D

04/30/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date