


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90159 033 ****61.25

DOCUMENT # N03000002561 1. Entity Name INSTITUTE FOR HEALING THROUGH SOUND AND MUSIC, INC.			
Principal Place of Business 1027 26TH STREET NORTH ST. PETERBURG, FL 33713		Mailing Address 1027 26TH STREET NORTH ST. PETERBURG, FL 33713	
2. Principal Place of Business - No P.O. Box # 1027 S. Frankland Road Tampa, Florida 33629		3. Mailing Address 1027 S. Frankland Road Tampa, Florida 33629	
4. FEI Number 54-2119280		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HORVATH, JULIE 1027 26TH STREET NORTH ST. PETERSBURG, FL 33713		7. Name and Address of New Registered Agent Name Sharon Stoll Street 1027 S. Frankland Road City Tampa, FL 33629 State FL Zip Code	
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 <u><i>Sharon S. Stoll</i></u> <u><i>Sharon S. Stoll</i></u> <u><i>4/11/07</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STOLL, SHARON 1027 S FRANKLAND RD TAMPA, FL 33629	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FALK, VIRGINIA 141 CHIPPEWA TAMPA, FL 33606	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HORVATH, JULIE 1027 S. 26TH STREET NORTH SAINT PETERSBURG, FL 33713	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WERNER, DOUGLAS PO BOX 14271, 3308 SAN LUIS ST TAMPA, FL 33629	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Mary Jean Etten 7378 Griffin Road Brooksville, FL 34601	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Sharon S. Stoll</i></u> <u><i>4/11/07</i></u> <u><i>813-258-8725</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			