

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000009266

**FILED**  
**Apr 18, 2015**  
**Secretary of State**  
**CC3156649125**

**Entity Name:** I AM MUSIC FOUNDATION INC.

**Current Principal Place of Business:**

1320 HENDRIX RD  
902  
TALLAHASSEE, FL 32301

**Current Mailing Address:**

P.O. BOX 7665  
TALLAHASSEE, FL 32314

**FEI Number:** 46-1100485

**Certificate of Status Desired:** No

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

HARRIS, ANDRE D  
1320 HENDRIX RD  
902  
TALLAHASSEE, FL 32301 US

*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

**Officer/Director Detail :**

Title            CEO  
Name            HARRIS, ANDRE D  
Address        1320 HENDRIX RD  
                  902  
City-State-Zip: TALLAHASSEE FL 32301

Title            D  
Name            HARRIS, MELLISSA R  
Address        1320 HENDRIX RD  
                  902  
City-State-Zip: TALLAHASSEE FL 32301

Title            T  
Name            BOOTHE-THOMPSON, JUANITA  
Address        1126 RICHARDSON RD  
City-State-Zip: TALLASSEE FL 32301

Title            D  
Name            BRYANT, KIMBERLY  
Address        325 MINE RD.  
City-State-Zip: MIDWAY FL 32343

Title            S  
Name            JONES, SZOR-DANNER  
Address        1322A KINGS DR  
City-State-Zip: TALLAHASSEE FL 32301

*I hereby 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 all other like empowered.*

**SIGNATURE:** ANDRE D. HARRIS

**CEO**

**04/18/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date