

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 15, 2005 8:00 am**  
**Secretary of State**

05-24-2005 90123 030 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                               |                                                                                                                                                                                                                          |                                                                                                                                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>DOCUMENT # 700314</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                               |                                                                                                                                         |                                                                                                                                                                |
| 1. Entity Name<br><b>TERRY PARKER BAND ORGANIZATION, INCORPORATED</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                               |                                                                                                                                                                                                                          |                                                                                                                                                                |
| Principal Place of Business<br><b>7301 PARKER SCHOOL RD.<br/>JACKSONVILLE, FL 32211</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                               | Mailing Address<br><b>7301 PARKER SCHOOL RD.<br/>JACKSONVILLE, FL 32211</b>                                                                                                                                              |                                                                                                                                                                |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                               | 3. Mailing Address                                                                                                                                                                                                       |                                                                                                                                                                |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                               | Suite, Apt. #, etc.                                                                                                                                                                                                      |                                                                                                                                                                |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                               | City & State                                                                                                                                                                                                             |                                                                                                                                                                |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Country                                                                                                       | Zip                                                                                                                                                                                                                      | Country                                                                                                                                                        |
| 4. FEI Number<br><b>NOT APPLICABLE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                               | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                                                                   |                                                                                                                                                                |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                               | <b>\$8.75 Additional Fee Required</b>                                                                                                                                                                                    |                                                                                                                                                                |
| 6. Name and Address of Current Registered Agent<br><b>PERRY, KEN<br/>3905 RAINTREE RD<br/>JACKSONVILLE, FL 32277</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                               | 7. Name and Address of New Registered Agent<br>Name <b>CHERYLE LEWIS</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>7067 GALLARDIA ROAD</b><br><b>JACKSONVILLE, FL 32211</b><br>City <b>FL</b> 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.<br>SIGNATURE <u><i>Ken Perry</i></u> <u><i>Cheryle Lewis</i></u> <b>6-10-2005</b><br>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renaming) DATE                                                                                                                                                                                    |                                                                                                               |                                                                                                                                                                                                                          |                                                                                                                                                                |
| Filing Fee is <b>\$81.25</b><br>Due by <b>September 7, 2005</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                               | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees<br>Make check payable to: <b>Florida Department of State</b>                                      |                                                                                                                                                                |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                               | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                                                                                                                                                    |                                                                                                                                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | T<br>PERRY, KEN<br>3905 RAINTREE RD<br>JACKSONVILLE, FL 32277 <input checked="" type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                           | SECRETARY<br>CHERYLE LEWIS<br>7067 GALLARDIA ROAD<br>JACKSONVILLE, FL 32211 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | P<br>GAUS, KEVIN F<br>3957 KALDEN DR E<br>JACKSONVILLE, FL 32277 <input type="checkbox"/> Delete              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | D<br>BECK, JIM<br>3966 HEATH RD<br>JACKSONVILLE, FL 32277 <input type="checkbox"/> Delete                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | S<br>TANO, ROBERT<br>7867 GLEN ECHO RD N<br>JACKSONVILLE, FL 32211 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                           | SECRETARY<br>ANU YENHWOOD<br>3308 SARA DR.<br>JACKSONVILLE, FL 32277 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | VP<br>COURTNEY, BELITA<br>3555 JERONA DR<br>JACKSONVILLE, FL 32277 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                           | 1ST VICE PRESIDENT<br>BETH BURDEN<br>8257 SANLANDO AVE.<br>JACKSONVILLE, FL 32211 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                           | 2ND VICE PRESIDENT<br>DENISE GRANT<br>3258 ACE COURT<br>JACKSONVILLE, FL 32277 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition    |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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>Ken Perry</i></u> <b>5/20/05</b> <b>901-743-8403</b><br>Signature and typed or printed name of signing officer or director Date Daytime Phone #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                               |                                                                                                                                                                                                                          |                                                                                                                                                                |

66023005

