

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortonham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000004104 (6)

1. Corporation Name

THERAPY, THE BIG BAND, ASSOCIATION INC.

Principal Place of Business

Mailing Address

1201 EGLIN PARKWAY
SHALIMAR FL 32579

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SHALIMAR FL 32579

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/07/1993	3a. Date of Last Report 04/25/1994
4. FEI Number 59-3199410	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 174 COUNTRY CLUB RD	26 P.O. BOX 1011
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State SHALIMAR FL	28 City & State DESTIN FL
24 Zip 32579	25 Country OKALOOSA
	29 Zip 32540-1011
	30 Country OKALOOSA

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CHESSER, D M 1201 EGLIN PARKWAY SHALIMAR FL 32579		81 Name ROLAND D. GUIDRY	82 Street Address (P.O. Box Number is Not Acceptable) 174 COUNTRY CLUB ROAD
		83	
		84 City SHALIMAR FL	85 Zip Code 32579

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Roland D. Guidry* **ROLAND D. GUIDRY, DIRECTOR** 4/24/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUTROW, CHARLES	1.2 NAME	
STREET ADDRESS	RT. 2 BOX 2690	1.3 STREET ADDRESS	
CITY - ST - ZIP	SANTA ROSA BEACH FL 32459	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERKEL, JEROME	2.2 NAME	
STREET ADDRESS	4 WEDGEWOOD LANE	2.3 STREET ADDRESS	
CITY - ST - ZIP	FT. WALTON BEACH FL 32548	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIS, JOHN	3.2 NAME	
STREET ADDRESS	1485 OAKMONT PLACE	3.3 STREET ADDRESS	
CITY - ST - ZIP	NICEVILLE FL 32578	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SODOMA, WILLIAM	4.2 NAME	
STREET ADDRESS	12 EGLIN DRIVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	SHALIMAR FL 32579	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILONAS, DENIS	5.2 NAME	
STREET ADDRESS	108 GAIL LA RUE	5.3 STREET ADDRESS	
CITY - ST - ZIP	FT. WALTON BEACH FL 32548	5.4 CITY - ST - ZIP	
TITLE	ST	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUIDRY, ROLAND	6.2 NAME	
STREET ADDRESS	174 COUNTRY CLUB RD	6.3 STREET ADDRESS	
CITY - ST - ZIP	SHALIMAR FL	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Roland D. Guidry* **ROLAND D. GUIDRY** 4/24/95 837-5141 (904)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

APPROVED AND FILED

95 APR 23 PM 6:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA