

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N93000004104 (6)

1. Corporation Name

THERAPY, THE BIG BAND, ASSOCIATION INC.



Principal Place of Business

**174 COUNTRY CLUB RD
SHALIMAR FL 32579
US**

Mailing Address

**P O BOX 1011
DESTIN FL 32540-1011
US**

3. Date Incorporated or Qualified
09/07/1993

3a. Date of Last Report
04/28/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-3199410

Applied For
Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**GUIDRY, ROLAND D
174 COUNTRY CLUB ROAD
SHALIMAR FL 32579**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **DUTROW, CHARLES**
STREET ADDRESS **RT. 2 BOX 2690**
CITY-ST-ZIP **SANTA ROSA BEACH FL 32459**

TITLE **D** ☐ DELETE

NAME **PERKEL, JEROME**
STREET ADDRESS **4 WEDGEWOOD LANE**
CITY-ST-ZIP **FT. WALTON BEACH FL 32548**

TITLE **D** ☐ DELETE

NAME **WILLIS, JOHN**
STREET ADDRESS **1485 OAKMONT PLACE**
CITY-ST-ZIP **NICEVILLE FL 32578**

TITLE **D** ☐ DELETE

NAME **SODOMA, WILLIAM**
STREET ADDRESS **12 EGLIN DRIVE**
CITY-ST-ZIP **SHALIMAR FL 32579**

TITLE **D** ☐ DELETE

NAME **MILONAS, DENIS**
STREET ADDRESS **106 GAIL LA RUE**
CITY-ST-ZIP **FT. WALTON BEACH FL 32548**

TITLE **ST** ☐ DELETE

NAME **GUIDRY, ROLAND**
STREET ADDRESS **174 COUNTRY CLUB RD**
CITY-ST-ZIP **SHALIMAR FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 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 119.07(3)(k), 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/96 (904) 837-5161
Date Daytime Phone #

CR2E037 (12/95)