

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

Mailing Address

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

**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**

21	2. Principal Place of Business	26	2a. Mailing Address	4. FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.	59-3199410	Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	29	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
		30	Country		

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUTROW, CHARLES	12 NAME	
STREET ADDRESS	RT. 2 BOX 2690	13 STREET ADDRESS	
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459	14 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERKEL, JEROME	22 NAME	
STREET ADDRESS	4 WEDGEWOOD LANE	23 STREET ADDRESS	
CITY-ST-ZIP	FT. WALTON BEACH FL 32548	24 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIS, JOHN	32 NAME	
STREET ADDRESS	1485 OAKMONT PLACE	33 STREET ADDRESS	
CITY-ST-ZIP	NICEVILLE FL 32578	34 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SODOMA, WILLIAM	42 NAME	
STREET ADDRESS	12 EGLIN DRIVE	43 STREET ADDRESS	
CITY-ST-ZIP	SHALIMAR FL 32579	44 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILONAS, DENIS	52 NAME	
STREET ADDRESS	106 GAIL LA RUE	53 STREET ADDRESS	
CITY-ST-ZIP	FT. WALTON BEACH FL 32548	54 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUIDRY, ROLAND	62 NAME	
STREET ADDRESS	174 COUNTRY CLUB RD	63 STREET ADDRESS	
CITY-ST-ZIP	SHALIMAR FL	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* 2/8/96 (904) 837-5161
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)