


FILE NOW: FILING FEE IS \$61.25

FILED
May 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		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 02/14/1996
--	--

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-3199410	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUTROW, CHARLES	1.2 NAME	
STREET ADDRESS	RT. 2 BOX 2890	1.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	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 <input checked="" type="checkbox"/> DELETE	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 <input checked="" type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 an attachment with an address.

SIGNATURE: *Roland D. Guidry* **ROLAND D. GUIDRY** 4/26/97 904 837561

CR2E037 (9/96)