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Apr 02 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000004104 (6)**

1. Corporation Name

**THERAPY, THE BIG BAND, ASSOCIATION INC.**

Principal Place of Business

Mailing Address

~~174 COUNTRY CLUB RD~~  
~~SHALMAR FL 32579~~  
US

P O BOX 1011  
DESTIN FL 32540-1011  
US

3. Date Incorporated or Qualified

**09/07/1993**

4. FEI Number

**59-3199410**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21 720 GULF SHORE DR**

**26 Suite, Apt. #, etc.**

**22 605**

**27 Suite, Apt. #, etc.**

**23 City & State DESTIN FL**

**28 City & State**

**24 Zip 32541**

**29 Country USA**

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ 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~~  
~~SHALMAR FL 32579~~

81 Name

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

**720 GULF SHORE DRIVE #605**

83

84 City **DESTIN**

**FL**

85 Zip Code **32541**

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 *Roland D. Guidry* **ROLAND D. GUIDRY**

**3/26/98**

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** ☒ DELETE

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

1.1 TITLE ☐ Change ☐ Addition

TITLE **D** ☐ DELETE

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

1.2 NAME ☐ Change ☐ Addition

TITLE **ST** ☐ DELETE

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

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE **GAGLIARDI** ☐ DELETE

NAME **GAGLIARDI, LEN**  
STREET ADDRESS **603 COUNTRY CLUB AVE NE**  
CITY-ST-ZIP **FT WALTON BEACH FL 32547**

1.4 CITY-ST-ZIP ☐ Change ☒ Addition

TITLE ☐ DELETE

NAME **CALDWELL, RAY**  
STREET ADDRESS **3541 BUCKHORN DR**  
CITY-ST-ZIP **CRESTVIEW FL 32539**

2.1 TITLE ☐ Change ☒ Addition

TITLE ☐ DELETE

NAME **RACKARD, DENNIS**  
STREET ADDRESS **605 LAKEVIEW RD NW**  
CITY-ST-ZIP **FT WALTON BEACH FL 32547**

2.2 NAME ☐ Change ☒ Addition

14. 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 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** **3/26/98 (850) 837-5161**

CR2E037 (10/97)