

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

1996 3-1196

B-2093 DIVISION OF CORPORATIONS C

DOCUMENT # **NO1659 (4)**  
1. Corporation Name  
**THE MORRISON FOUNDATION FOR MUSICAL RESEARCH, IN C.**



Principal Place of Business: **4400 UNION ROAD COLLEGE PARK GA 30349**  
Mailing Address: **P O BOX 551 UNION CITY GA 30291 US**

3. Date Incorporated or Qualified: **02/27/1984**  
3a. Date of Last Report: **03/27/1995**

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

4. FEI Number: **59-2373486**  
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

10. Name and Address of New Registered Agent

**PECK, ELEANOR  
361 CHAMPLAIN DRIVE  
DELTONA FL 32725**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HUGHES, CARLTON M., JR.	
STREET ADDRESS	4400 UNION RD	
CITY-ST-ZIP	COLLEGE PK GA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HUGHES, GARY C.	
STREET ADDRESS	12051 SE 55 AVE RD	
CITY-ST-ZIP	BELLEVIEW FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	HUGHES, CHERYL P.	
STREET ADDRESS	4400 UNION ROAD	
CITY-ST-ZIP	COLLEGE PARK GA 30349	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PECK, ELEANOR	
STREET ADDRESS	361 CHAMPLAIN DR	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HUTCHERSON, MIKE	
STREET ADDRESS	187 HICKORY ROAD	
CITY-ST-ZIP	FAYETTEVILLE GA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROBINSON, DAVID	
STREET ADDRESS	3935 PEACE VALLEY DR	
CITY-ST-ZIP	COLLEGE PARK FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	D Robinson, David
6.3 STREET ADDRESS	3935 Peace Valley Dr
6.4 CITY-ST-ZIP	College Park (GA) 30349

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: *Carlton M. Hughes Jr* President 3/5/96 (404) 346-3077  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)