

FILE NOW: FILING FEE IS \$61.25

FILED  
May 12 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 # N01659 (4)

1. Corporation Name

THE MORRISON FOUNDATION FOR MUSICAL RESEARCH, IN C.



Principal Place of Business

Mailing Address

4400 UNION ROAD  
COLLEGE PARK GA 30349

P O BOX 551  
UNION CITY GA 30291-0551  
US

3. Date Incorporated or Qualified  
02/27/1984

3a. Date of Last Report  
03/11/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
59-2373486

Applied For  
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired  \$8.75 Additional Fee Required

23 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

24 Zip

25 Country

28 Zip

30 Country

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

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	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 GA	

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 type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(l), 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* CARLTON M. HUGHES JR 4/27/97 (404)346-3077

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0076391

CR2E037 (9/96)