


FILE NOW: FILING FEE IS \$61.25

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Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90043 035 ****71.00

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
| DOCUMENT # N01659 | | |
| 1. Corporation Name THE MORRISON FOUNDATION FOR MUSICAL RESEARCH, INC. | | |
| Principal Place of Business 1636 CORONET DRIVE RIVERDALE GA 30296 US | Mailing Address P O BOX 551 UNION CITY GA 30291 US | |



| | | |
|-----------------------------|---------------------|---|
| 21 | 2a | 3 |
| Principal Place of Business | Mailing Address | Date Incorporated or Qualified |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 02/27/1984 |
| 22 | 27 | 4 |
| City & State | City & State | FBI Number |
| Zip | Zip | 59-2373486 |
| Country | Country | Applied For |
| 24 | 25 | 29 |
| Country | Country | Not Applicable |
| 23 | 28 | 30 |
| City & State | City & State | 5. Certificate of Status Desired |
| Country | Country | <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |
| 24 | 25 | 29 |
| Country | Country | 6. Election Campaign Financing Trust Fund Contribution |
| 24 | 25 | 29 |
| Country | Country | <input type="checkbox"/> \$5.00 May Be Added to Fees |

| | | | |
|--|--|---|--|
| 9. Name and Address of Current Registered Agent PECK, ELEANOR 361 CHAMPLAIN DRIVE DELTONA FL 32725 | | 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 _____ 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 | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HUGHES, CARLTON M.,JR. | 1.2 NAME | |
| STREET ADDRESS | 1636 CORONET DRIVE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | RIVERDALE GA 30296 | 1.4 CITY-ST-ZIP | |
| TITLE | VD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HUGHES, GARY C. | 2.2 NAME | |
| STREET ADDRESS | 12051 SE 55 AVE RD | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | BELLEVUE FL | 2.4 CITY-ST-ZIP | |
| TITLE | STD <input type="checkbox"/> DELETE | 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HUGHES, CHERYL P. | 3.2 NAME | SD |
| STREET ADDRESS | 1636 CORONET DRIVE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | RIVERDALE GA 30296 | 3.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PECK, ELEANOR | 4.2 NAME | |
| STREET ADDRESS | 361 CHAMPLAIN DR | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | DELTONA FL 32725 | 4.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ROBINSON, DAVID | 5.2 NAME | |
| STREET ADDRESS | 3935 PEACE VALLEY DR | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | COLLEGE PARK GA | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 6.2 NAME | MARGARET JOHNSON |
| STREET ADDRESS | | 6.3 STREET ADDRESS | 452BA SEMINARY PLACE |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | NEW ORLEANS, LA 70126 |

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, with all other like empowered.

SIGNATURE: *Carlton M. Hughes* **RECARLTON M. Hughes Pres.** April 17, 1999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)