

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01659

FILED  
Feb 27, 2005  
Secretary of State

**Entity Name:** THE MORRISON FOUNDATION FOR MUSICAL RESEARCH, INC.

**Current Principal Place of Business:**

1636 CORONET DRIVE  
RIVERDALE, GA 30296 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 551  
UNION CITY, GA 30291 US

**New Mailing Address:**

**FEI Number:** 59-2373486      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PECK, ELEANOR  
361 CHAMPLAIN DRIVE  
DELTONA, FL 32725 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: HUGHES, CARLTON M JR  
Address: 1636 CORONET DRIVE  
City-St-Zip: RIVERDALE, GA 30296

Title: VD ( ) Delete  
Name: HUGHES, GARY C  
Address: 607 APACHE TRAIL  
City-St-Zip: WOODSTOCK, GA 30189

Title: SD ( ) Delete  
Name: HUGHES, CHERYL P  
Address: 1636 CORONET DRIVE  
City-St-Zip: RIVERDALE, GA 30296

Title: D ( ) Delete  
Name: PECK, ELEANOR  
Address: 361 CHAMPLAIN DR  
City-St-Zip: DELTONA, FL 32725

Title: TD ( ) Delete  
Name: JOHNSON, MARGARET  
Address: 4601 SEMINARY PLACE #106  
City-St-Zip: NEW ORLEANS, LA 70126

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARLTON M. HUGHES

P

02/27/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date