

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01659

FILED
Mar 28, 2007
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: 4766 SE 35 AVENUE
City-St-Zip: OCALA, FL 34480

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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Name:
Address:
City-St-Zip:

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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 Chapter 119, 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

PD

03/28/2007

Electronic Signature of Signing Officer or Director

_____ Date