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95 APR 27 AM 11:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northing
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000000761 (6)
1. Corporation Name
MARINE CORPS MUSICIANS ASSOCIATION INCORPORATED

Principal Place of Business Mailing Address

8209 COUNTY LINE ROAD SPRING HILL FL 34606

8209 COUNTY LINE ROAD SPRING HILL FL 34606

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/10/1994 3a. Date of Last Report

4. FEI Number 54-1595030 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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

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 Zip Country 25 Country 29 Zip Country 30 Country

9. Name and Address of Current Registered Agent

BERMENDER, CARL L
8209 COUNTY LINE ROAD
SPRING HILL FL 34606

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		1.1 TITLE	PRESIDENT/TR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	RONALD KELLY
STREET ADDRESS		1.3 STREET ADDRESS	4431 E SYCAMORE AVE
CITY - ST - ZIP		1.4 CITY - ST - ZIP	ORANGE, CA 92669
TITLE		2.1 TITLE	VICE PRESIDENT/TR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	JAMES CLELAND
STREET ADDRESS		2.3 STREET ADDRESS	10404 128TH AVE NE
CITY - ST - ZIP		2.4 CITY - ST - ZIP	KIRKLAND, WA 98033
TITLE		3.1 TITLE	SECRETARY/TR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	LEO WAGLER
STREET ADDRESS		3.3 STREET ADDRESS	5781 SEABREEKE AVE
CITY - ST - ZIP		3.4 CITY - ST - ZIP	LAS VEGAS NV 89110
TITLE		4.1 TITLE	TREASURER/TR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	JOSEPH MASSE
STREET ADDRESS		4.3 STREET ADDRESS	70 BOX 1000 N/A
CITY - ST - ZIP		4.4 CITY - ST - ZIP	HAMPTON, NH 03843
TITLE		5.1 TITLE	ADMINISTRATOR/TR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	CARL BERMENDER
STREET ADDRESS		5.3 STREET ADDRESS	8209 COUNTY LINE ROAD
CITY - ST - ZIP		5.4 CITY - ST - ZIP	SPRING HILL, FL 34606
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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: Carl Brender CARL BERMENDER 3/24/95 904-896-7153
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #