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FILED
Apr 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000000761 (6)
1. Corporation Name
MARINE CORPS MUSICIANS ASSOCIATION INCORPORATED



Principal Place of Business 8209 COUNTY LINE ROAD SPRING HILL FL 34606	Mailing Address 8209 COUNTY LINE ROAD SPRING HILL FL 34606-6631
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3. Date Incorporated or Qualified 02/10/1994	3a. Date of Last Report 03/04/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30
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4. FEI Number 59-1595030	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PTR	<input type="checkbox"/> DELETE
NAME	KELLY, RONALD	
STREET ADDRESS	4431 E SYCAMORE AVE	
CITY-ST-ZIP	ORANGE CA	
TITLE	VPTR	<input type="checkbox"/> DELETE
NAME	CLELAND, JAMES	
STREET ADDRESS	10404 128TH AVE NE	
CITY-ST-ZIP	KIRKLAND WA	
TITLE	STR	<input type="checkbox"/> DELETE
NAME	WEAGLE, LEO	
STREET ADDRESS	5781 SEABREEZE AVE	
CITY-ST-ZIP	LAS VEGAS NV	
TITLE	TTR	<input type="checkbox"/> DELETE
NAME	MASSE, JOSEPH	
STREET ADDRESS	P. O. BOX 1003 N/A	
CITY-ST-ZIP	HAMPTON NH	
TITLE	ATR	<input type="checkbox"/> DELETE
NAME	BERMENDER, CARL	
STREET ADDRESS	8209 COUNTY LINE ROAD	
CITY-ST-ZIP	SPRINGHILL FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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)(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.

SIGNATURE: *Carl L Bermender* **FILED** 4/08/1997 352-686-7153

CR2E037 (9/96)