NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9400000761

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

FILED Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90153 010 ****70.00

* 8₈₇₃52 - 90153 - 10² *



2. Principal P	lace of Business	2a. Mailing Address	dress		3. Date Incorporated or Qualifed 02/10/1994				
Suite, Apt.	# etc.	Suite, Apt. #, etc.			4. FEI Number		A	oplied For	
22	m, 600.	27			59-1595030		N	ot Applicable	
City & Stat	е	City & State			5. Certifcate of Status Desired	×	\$8.75 Additional Fee Required		
Zip	Country	Zip	Country		6. Election Campaign Financing		\$5.00	May Be	
24	25 29 30			Trust Fund Contribution Added to		•			
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
			81	Name					
BERMENDER, CARL L				82 Street Address (P.O. Box Number is Not Acceptable)					
8209 COUNTY LINE ROAD									
SPRING HILL FL 34606			83						
			84	City		FL	85 Zip	Code	
				L	G A 25 No. 1 A A A A A A A A A A A A A A A A A A			- registered	
office or r	to the provisions of Sections 617.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	f Florida. Such change was auth	nonzed by	the corpora	rporation submits this statement for the ation's board of directors. I hereby accept	pt the appoir	tment as re	egistered	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE: Re	enistered Ana	nt signatura recu	uired when reinstating)	DATE			
12.	OFFICERS AND DIRECTORS 13.			n organization or rosqu	ADDITIONS/CHANGES TO OF		D DIRECTO	ORS IN 12	
TITLE	PT	DELETE 1.1 TI					Change	☐ Addition	
NAME	GENOVESE, JAMES		1.2 NAME						
STREET ADDRESS	P.O. BOX 2647 N/A		1.3 STREE	TADDRESS					
CITY-ST-ZIP	GROSSVILLE TN 38557		1.4 CITY-S						
TITLE	VPT DELETE		2.1 TITLE	,			Change	Addition	
NAME	LANIER, LEONARD		2.2 NAME						
STREET ADDRESS	l = = = = = = =		2.3 STREE	T ADDRESS					
	MOUNT OLIVE NC 28365		2. 4 CITY-5						
CITY-ST-ZIP			3.1 TITLE		·		Change	☐ Addition	
NAME	BROWN, RUSSELL		3.2 NAME		-				
STREET ADDRESS				TADORESS					
	CLEARWATER FL 33760		3.4. CITY-5	1					
CITY-ST-ZIP TITLE	TT	☐ DELETE	4.1 TITLE	·			Change	Addition	
NAME	WYMAN, JOHN		4, 2 NAME	1			•	_	
STREET ADDRESS			1	T ADDRESS					
CITY-ST-ZIP	SAN DIEGO CA 92107		4.4 CITY-S						
TITLE			5.1 TITLE	-		***	Change	Addition	
NAME	BERMENDER, CARL	Ain .						,	
STREET ADDRESS			5.3 STREE	T ADDRESS				•	
	SPRINGHILL FL		5.4 CITY-S	T-ZIP					
CITY-ST-ZIP TITLE	OF THINGSTILL FL	DELETE	6.1 TITLE	-			Change	Addition	
		<u> </u>	6.2 NAME					- .	
NAME				T ADDRESS				•	
STREET ADDRESS			6.4 CITY O						

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

A SUGIBIER DEN BERUME GENNEAULE

9 February 352-686-7153
Date Dayline Phone #

CR2E037 (11/98