

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90024 001 ****70.00

DOCUMENT # N94000000761
 1. Entity Name
MARINE CORPS MUSICIANS ASSOCIATION INCORPORATED



Principal Place of Business Mailing Address
2917 WILDERNESS BLVD W **2917 WILDERNESS BLVD W**
PARRISH FL 34219 **PARRISH FL 34219**

2. Principal Place of Business 3. Mailing Address
4 HARTWICK COURT **4 HARTWICK COURT**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
CONROE TX **CONROE TX**
 Zip Country Zip Country
77304 USA **77304 USA**



MOORE CR2E037 (11/03)

4. FEI Number **54-1595030** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
YOUNG, ALBERT G
2917 WILDERNESS BLVD W.
PARRISH FL 34219

7. Name and Address of New Registered Agent
 Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

8. 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. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE Albert G. Young Albert G. Young 2-5-04
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> Delete
NAME	YOUNG, ALBERT	
STREET ADDRESS	2917 WILDERNESS BLVD W	
CITY-ST-ZIP	PARRISH FL 34219	
TITLE	VT	<input type="checkbox"/> Delete
NAME	SCHWEITZER, STEVE MGYS	
STREET ADDRESS	BOX 555380	
CITY-ST-ZIP	CAMP PENDLTON CA 22134	
TITLE	TT	<input type="checkbox"/> Delete
NAME	MRACCO, PETER	
STREET ADDRESS	94-061 KUAHLLANA AVE #134	
CITY-ST-ZIP	MILILANI HI 96789	
TITLE	ATR	<input type="checkbox"/> Delete
NAME	OLDENBURG, RICHARD	
STREET ADDRESS	22301 HILLSIDE CRT	
CITY-ST-ZIP	TEHACHAPI CA 93561	
TITLE	ST	<input type="checkbox"/> Delete
NAME	STANDRIDGE, GLENN D	
STREET ADDRESS	3160 COIN STREET	
CITY-ST-ZIP	CAMP PENDLETON CA 92055-5381	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRIEST, RAY	
STREET ADDRESS	4 HARTWICK COURT	
CITY-ST-ZIP	CONROE TX 77304	
TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARD MELIKIAN	
STREET ADDRESS	21 BARTON STREET	
CITY-ST-ZIP	SPRINGFIELD, MA. 01104	
TITLE	TT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICE, JAY	
STREET ADDRESS	301 CALLE FELICIDAD	
CITY-ST-ZIP	SAN CLEMENTE, CA 92672-2204	
TITLE	ATR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLDENBURG, RICHARD	
STREET ADDRESS	PMB 42 25701 BEAR VALLEY ROAD	
CITY-ST-ZIP	TEHACHAPI, CA. 93561-8311	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STANDRIDGE, GLENN	
STREET ADDRESS	3160 COIN STREET	
CITY-ST-ZIP	BURTON, MI 48319	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ray W. Priest RAY W. PRIEST 1-23-04 936-441-7947
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #