


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 18, 2007 8:00 am**  
**Secretary of State**

06-18-2007 90001 026 \*\*\*\*70.00

<b>DOCUMENT # N04000010960</b>	
1. Entity Name <b>MORRISON MUSIC STUDIO-GENESIS, INC.</b>	

Principal Place of Business <b>3613 LINDELL AVE. TAMPA, FL 33610</b>	Mailing Address <b>3613 LINDELL AVE. TAMPA, FL 33610</b>
---	---

**40120925**



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

06062007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**43-2068576**

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**MORRISON, HELEN M**  
**3613 LINDELL AVE.**  
**TAMPA, FL 33610**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25</b> <b>Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be</b> <b>Added to Fees</b>	<b>Make check payable to</b> <b>Florida Department of State</b>
--	---	--	--

**10. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	MORRISON, HELEN M	
STREET ADDRESS	3613 LINDELL AVE.	
CITY-ST-ZIP	TAMPA, FL 33610	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORRISON, ROBERT B SR.	
STREET ADDRESS	3613 LINDELL AVE.	
CITY-ST-ZIP	TAMPA, FL 33610	
TITLE	D	<input type="checkbox"/> Delete
NAME	GEORGE, TERESA M	
STREET ADDRESS	12430 OXFORD PARK DR. #823	
CITY-ST-ZIP	HOUSTON, TX 77082	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MORRISON, JEROME A	
STREET ADDRESS	3613 LINDELL AVE.	
CITY-ST-ZIP	TAMPA, FL 33610	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRAY, JO ANN	
STREET ADDRESS	11921 ROYCE WATERFORD CIRCLE	
CITY-ST-ZIP	TAMPA, FL 33626	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARTIN, STEPHEN A SR	
STREET ADDRESS	367 HITCHING POST DR	
CITY-ST-ZIP	FAIRVIEW, TX 75069	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	HAWKINS, ANN		
STREET ADDRESS	5210 MAPLE HILL		
CITY-ST-ZIP	TEMPLE TERRACE, FL		
TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	JAMES, THEDA ESQ		
STREET ADDRESS	18010 LINDAWOODS ST		
CITY-ST-ZIP	ODESSA, FL 33556		
TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BROWN, MACK		
STREET ADDRESS	11617 RENAISSANCE VIEW CT.		
CITY-ST-ZIP	TAMPA, FL 33626		
TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	LEONE, JIMMY		
STREET ADDRESS	1304 N. HOWARD AVE		
CITY-ST-ZIP	TAMPA, FL 33607		
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 exemptions contained 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 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:** Helen M. Morrison (HELEN M. MORRISON) 6-11-07 813-  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 247-2394