



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 2917 WILDERNESS BLVD W PARRISH FL 34219				Mailing Address 2917 WILDERNESS BLVD W PARRISH FL 34219	
2. Principal Place of Business 4 HARTWICK COURT Suite, Apt. #, etc.		3. Mailing Address 4 HARTWICK COURT Suite, Apt. #, etc.			
City & State CONROE TX		City & State CONROE TX		4. FEI Number 54-1595030	
Zip 77304		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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 <u>Albert G. Young</u> Albert G. Young 2-5-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT YOUNG, ALBERT 2917 WILDERNESS BLVD W PARRISH FL 34219	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D/ET PRIEST, RAY 4 HARTWICK COURT CONROE TX 77304	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT SCHWEITZER, STEVE MGYS BOX 555380 CAMP PENDLTON CA 22134	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D/ET RICHARD MELIKIAN 21 BARTON STREET SPRINGFIELD, MA. 01104	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT MRACCO, PETER 94-061 KUAHLLANA AVE #134 MILILANI HI 96789	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D/ET RICE, JAY 301 CALLE FELICIDAD SAN CLEMENTE, CA 92672-2204	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATR OLDENBURG, RICHARD 22301 HILLSIDE CRT TEHACHAPI CA 93561	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/M/T OLDENBURG, RICHARD PMB 42 25701 BEAR VALLEY ROAD TEHACHAPI, CA. 93561-8311	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST STANDRIDGE, GLENN D 3160 COIN STREET CAMP PENDLETON CA 92055-5381	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D/T STANDRIDGE, GLENN 3160 COIN STREET BURTON, MI 48319	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>RAY W. PRIEST</u> RAY W. PRIEST 1-23-04 936-441-7947 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					