

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE

CORPORATION  
ANNUAL REPORT  
1995

FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS



DOCUMENT # 808654 (8)  
1. Corporation Name  
MUSCULAR DYSTROPHY ASSOCIATION, INC.

Principal Place of Business Mailing Address  
3300 E. SUNRISE DRIVE TUCSON AZ 85718  
3300 E. SUNRISE DRIVE TUCSON AZ 85718

3. Date Incorporated or Qualified 08/22/1951  
3a. Date of Last Report 02/08/1994  
4. FBI Number 13-1665552  
Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for Intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEST, LOIS R	1.2 NAME	
STREET ADDRESS	3300 E. SUNRISE DRIVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	TUCSON AZ	1.4 CITY - ST - ZIP	
TITLE	C D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMALL, S. MOUCHLY MD	2.2 NAME	
STREET ADDRESS	3300 E. SUNRISE DRIVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	TUCSON AZ	2.4 CITY - ST - ZIP	
TITLE	VC	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENZAK, LOUIS R	3.2 NAME	
STREET ADDRESS	3300 E. SUNRISE DRIVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	TUCSON AZ	3.4 CITY - ST - ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSS, ROBERT	4.2 NAME	
STREET ADDRESS	3300 E. SUNRISE DRIVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	TUCSON AZ	4.4 CITY - ST - ZIP	
TITLE	Y	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENNETT, ROBERT M	5.2 NAME	
STREET ADDRESS	3300 E. SUNRISE DRIVE	5.3 STREET ADDRESS	
CITY - ST - ZIP	TUCSON AZ	5.4 CITY - ST - ZIP	
TITLE	S	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASTERS, TIMMI	6.2 NAME	
STREET ADDRESS	3300 E. SUNRISE DRIVE	6.3 STREET ADDRESS	
CITY - ST - ZIP	TUCSON AZ	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: Ariel Wynn Ariel Wynn Assistant Secretary 2/8/95 (602) 529-2000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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MUSCULAR DYSTROPHY ASSOCIATION, INC.  
OFFICERS (\*) AND MEMBERS OF THE BOARD OF DIRECTORS  
May 14, 1994

National Office  
3300 East Sunrise Drive  
Tucson, Arizona 85718-3208

\*Robert M. Bennett  
Treasurer

Terry Lee

\*Louis R. Benzak  
Vice Chairman of the  
Executive Committee,  
President Emeritus

\*Timmi Masters  
Secretary

John B. Branche, M.D.

\*Robert Ross  
Senior Vice President &  
Executive Director

Leon I. Charash, M.D.

Tedde Scharf

William M. Clements

\*S. Mouchly Small, M.D.  
Chairman of the  
Executive Committee  
President Emeritus

Harold C. Crump

Carolyn R. Warner

John L. Dardenne, Jr., Esq.

Henry M. Watts, Jr.  
President Emeritus

Thomas R. Donahue

\*Lois R. West  
President

Jerald Friedman, Esq.

Bruce S. Wolff, Esq.

Arnold D. Gale, M.D.

Victor R. Wright

David A. Gardner

R. Rodney Howell, M.D.

Jerry Lewis  
Honorary Member  
Board of Directors

Robert Sampson  
Director Emeritus

OTHER OFFICERS

Sylvester L. Weaver, Jr.  
President Emeritus

Robert Linder  
Assistant Treasurer

Ariel Wynn  
Assistant Secretary