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Jan 29 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
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 85718-3208**

3. Date Incorporated or Qualified **08/22/1951** 3a. Date of Last Report **04/02/1996**

2. Principal Place of Business 2a. Mailing Address 4. FEI Number **13-1665552** Applied For Not Applicable

21 [Redacted] 26 Suite, Apt. #, etc. 5. Certificate of Status Desired  \$8.75 Additional Fee Required

22 City & State 27 City & State 6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

23 Zip Country 28 Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BENNETT, ROBERT M</b>	1.2 NAME	
STREET ADDRESS	<b>3300 E. SUNRISE DRIVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TUCSON AZ</b>	1.4 CITY-ST-ZIP	
TITLE	<b>C</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>Secretary</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMALL, S. MOUCHLY MD</b>	2.2 NAME	<b>Timmi Masters</b>
STREET ADDRESS	<b>3300 E. SUNRISE DRIVE</b>	2.3 STREET ADDRESS	<b>3300 East Sunrise Drive</b>
CITY-ST-ZIP	<b>TUCSON AZ</b>	2.4 CITY-ST-ZIP	<b>Tucson, AZ 85718-3208</b>
TITLE	<b>AC</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WEST, LOIS R</b>	3.2 NAME	
STREET ADDRESS	<b>3300 E. SUNRISE DRIVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TUCSON AZ</b>	3.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROSS, ROBERT</b>	4.2 NAME	
STREET ADDRESS	<b>3300 E. SUNRISE DRIVE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TUCSON AZ</b>	4.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WRIGHT, VICTOR R</b>	5.2 NAME	
STREET ADDRESS	<b>3300 E. SUNRISE DRIVE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TUCSON AZ</b>	5.4 CITY-ST-ZIP	
TITLE	<b>AS</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WYNN, ARIEL</b>	6.2 NAME	
STREET ADDRESS	<b>3300 E. SUNRISE DRIVE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TUCSON AZ</b>	6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE \_\_\_\_\_

CR2E037 (9/96)

**MUSCULAR DYSTROPHY ASSOCIATION, INC.**  
**OFFICERS (\*) AND MEMBERS OF THE BOARD OF DIRECTORS**  
July 19, 1996

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

\*Robert M. Bennett  
President

Louis R. Benzak  
President Emeritus

I. Charash, M.D.

Harold C. Crump

Joseph S. DiMartino

David A. Gardner

R. Rodney Howell, M.D.

\*Timmi Masters  
Secretary

\*Robert Ross  
Senior Vice President & Executive Director

Tedde Scharf

\*S. Mouchly Small, M.D.  
Chairman of the Executive Committee  
President Emeritus  
(deceased December 20, 1996)

Carolyn Warner

\*Lois R. West  
Vice Chairman of the Executive Committee  
President Emeritus

\*Victor R. Wright  
Treasurer

Jerry Lewis  
Honorary Member  
Board of Directors

**OTHER OFFICERS**

Robert Linder  
Assistant Treasurer

Daniel Bereck  
Assistant Treasurer

Ariel Wynn  
Assistant Secretary

Gail Schmertz Kerner, Esq.  
Assistant Secretary

**POOR ORIGINAL**