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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 808654

1. Corporation Name
MUSCULAR DYSTROPHY ASSOCIATION, INC.

233005-90075-39

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



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	08/22/1951
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	13-166552
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired
24	25	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing
		Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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
	85 Zip Code
	FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENNETT, ROBERT M	1.2 NAME	
STREET ADDRESS	3300 E. SUNRISE DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	TUCSON AZ	1.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASTERS, TIMMI	2.2 NAME	
STREET ADDRESS	3300 E SUNRISE DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	TUCSON AZ	2.4 CITY-ST-ZIP	
TITLE	AC <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEST, LOIS 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 <input type="checkbox"/> DELETE	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	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, VICTOR R	5.2 NAME	
STREET ADDRESS	3300 E. SUNRISE DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	TUCSON AZ	5.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WYNN, ARIEL	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 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, with all other like empowered.

SIGNATURE: ASHLEY WARNER 1/13/99
 Ashley Warner, Assistant Treasurer (520) 529-2000

CR2E037 (1/98)

203065-96675-39
808654

MUSCULAR DYSTROPHY ASSOCIATION, INC.
OFFICERS (*) AND MEMBERS OF THE BOARD OF DIRECTORS
July 17, 1998

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

*Robert M. Bennett
President

Louis R. Benzak
President Emeritus

Leon I. Charash, M.D.

Harold C. Crump

Joseph S. DiMartino

*David A. Gardner
Vice Chairman of the Executive Committee

R. Rodney Howell, M.D.

Lt. Gen. Robert B. Johnston
USMC (Ret)

Sue Lowden

*Timmi Masters
Secretary

Andrew P. Potos

Christopher J. Rosa

*Robert Ross
Senior Vice President & Executive Director

Jeanne Y. Russell

Carolyn Warner

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

*Victor R. Wright
Treasurer

Jerry Lewis
National Chairman
Honorary Member, Board of Directors

OTHER OFFICERS :

Daniel Bereck
Assistant Treasurer

Ashlie Warner
Assistant Treasurer

Ariel Wynn
Assistant Secretary

Gail Schmertz Kerner, Esq.
Assistant Secretary