

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90075 039 ****70.00

DOCUMENT # 808654

1. Corporation Name

MUSCULAR DYSTROPHY ASSOCIATION, INC.

Principal Place of Business

**3300 E. SUNRISE DRIVE
TUCSON AZ 85718**

Mailing Address

**3300 E. SUNRISE DRIVE
TUCSON AZ 85718**

233005-90075-39



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

3. Date Incorporated or Qualified

08/22/1951

4. FEI Number

13-1665552

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	BENNETT, ROBERT M	
STREET ADDRESS	3300 E. SUNRISE DRIVE	
CITY-ST-ZIP	TUCSON AZ	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MASTERS, TIMMI	
STREET ADDRESS	3300 E SUNRISE DR	
CITY-ST-ZIP	TUCSON AZ	
TITLE	AC	<input type="checkbox"/> DELETE
NAME	WEST, LOIS R	
STREET ADDRESS	3300 E. SUNRISE DRIVE	
CITY-ST-ZIP	TUCSON AZ	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ROSS, ROBERT	
STREET ADDRESS	3300 E. SUNRISE DRIVE	
CITY-ST-ZIP	TUCSON AZ	
TITLE	T	<input type="checkbox"/> DELETE
NAME	WRIGHT, VICTOR R	
STREET ADDRESS	3300 E. SUNRISE DRIVE	
CITY-ST-ZIP	TUCSON AZ	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	WYNN, ARIEL	
STREET ADDRESS	3300 E. SUNRISE DRIVE	
CITY-ST-ZIP	TUCSON AZ	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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:

SIGNATURE REQUIRED

Ashtie Warner, Assistant Treasurer

Date

Daytime Phone #

(520) 529-2000

CR2E037 (1/98)

083065-96675-39
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