


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 808654
 1. Entity Name
MUSCULAR DYSTROPHY ASSOCIATION, INC.




FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIO
 04 JAN 15 PM 12:16

Principal Place of Business
**3300 E. SUNRISE DRIVE
 TUCSON, AZ 85718**

Mailing Address
**3300 E. SUNRISE DRIVE
 TUCSON, AZ 85718**

DO NOT WRITE IN THIS SPACE



1062004 No Chg-NP CR2E037 (10/03)

4. FEI Number 13-1665552	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

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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.

700027769077
01/29/04--01025--005 **70.00

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

Filing Fee is \$61.25
 Due by May 1, 2004

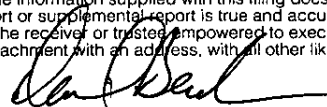
9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROSS, ROBERT 3300 EAST SUNRISE DRIVE TUCSON, AZ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MASTERS, TIMMI 3300 E SUNRISE DR TUCSON, AZ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AC WEST, LOIS R 3300 E. SUNRISE DRIVE TUCSON, AZ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV WEINBERG, GERALD 3300 EAST SUNRISE DRIVE TUCSON, AZ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WRIGHT, VICTOR R 3300 E. SUNRISE DRIVE TUCSON, AZ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS KENNEDY, CHRISTINA C 3300 E. SUNRISE DRIVE TUCSON, AZ

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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:  **Daniel Bereck**
 Assistant Treasurer **1/9/04** (520) 529-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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

July 11, 2003

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

Stanley H. Appel, M.D.

Jim Major

*Robert M. Bennett
Chairman of the Board

*Timmi Masters
Secretary

Louis R. Benzak

Maureen McGovern

Jann T. Carl

Ed McMahon

Leon I. Charash, M.D.

*Olin F. Morris
Vice Chairman of the Executive Committee

Bart Conner

Christopher J. Rosa, Ph.D.

Harold C. Crump

*Robert Ross
President & CEO

Joseph S. DiMartino

John N. Tognino

R. Rodney Howell, M.D.

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

Suzanne Lowden

*Victor R. Wright
Treasurer

OTHER OFFICERS

Gerald C. Weinberg
Senior Vice President

Daniel Bereck
Assistant Treasurer

Ashlie Dee Warner
Assistant Treasurer

Christina C. Kennedy
Assistant Secretary

Gail Schmertz Kerner, Esq.
Assistant Secretary