

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2005 8:00 am
Secretary of State

02-03-2005 90042 030 ****70.00

DOCUMENT # 808654

1. Entity 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**

40012121



01192005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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**

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

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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IN THIS SPACE**

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:

Stephen P. Evans

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Stephen P. Evans
Assistant Treasurer**

1/25/05
Date

(520) 529-2000
Daytime Phone #