


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90127 017 ****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**

40048010



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04072006 Chg-NP CR2E037 (11/05)

City & State

4. FEI Number
13-1665552

Applied For
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ 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, 2006**

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

**Make check payable to
 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	ROSS, ROBERT	
STREET ADDRESS	3300 EAST 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	SV	<input type="checkbox"/> Delete
NAME	WEINBERG, GERALD	
STREET ADDRESS	3300 EAST SUNRISE DRIVE	
CITY-ST-ZIP	TUCSON, AZ	
TITLE	T	<input checked="" 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	KENNEDY, CHRISTINA C	
STREET ADDRESS	3300 E. SUNRISE DRIVE	
CITY-ST-ZIP	TUCSON, AZ	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Suzanne Lowden	
STREET ADDRESS	3300 East Sunrise Drive	
CITY-ST-ZIP	Tucson AZ 85718	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Assistant Treasurer **4/11/06** **(520) 529-2000**
Date Daytime Phone #



Fighting Neuromuscular Diseases

ATTACHMENT

NATIONAL HEADQUARTERS

3300 East Sunrise Drive, Tucson, AZ 85718-3299

Telephone (520) 529-2000 • Fax (520) 529-5300

Web: www.mda.org • E-mail: mda@mdausa.org

The first nonprofit organization honored with the American Medical Association's **Lifetime Achievement Award** "for significant and lasting contributions to the health and welfare of humanity."

40048010

#808654

April 11, 2006

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Sir/Madam:

Enclosed please find the following for the Muscular Dystrophy Association, Inc.:

1. Completed 2006 Corporation Annual Report for the Florida Department of State.
2. Check #1112081 in the amount of \$70 for the required \$61.25 filing fee and \$8.75 for a Certificate of Status.
3. Listing of officers and members of the Board of Directors.

Should you have any questions or need additional information, please contact me.

Sincerely,

Heather Golden
Senior Accountant

HG/dpc

Enclosure

- cc: J. McCormick
A. Rudolph
S. King-Poole
M. Hodges
S. Price
E. Grimes

Return Receipt Requested
7004 2510 0005 8463 5217

ATTACHMENT

40048010

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

Elected July 15, 2005
Revised - March 24, 2006

National Office
3300 East Sunrise Drive
Tucson, Arizona 85718-3299

#808654

Stanley H. Appel, M.D.

Jim Major

*Robert M. Bennett
Chairman of the Executive Committee
Chairman Emeritus

*Timmi Masters
Secretary

Louis R. Benzak

Maureen McGovern

Jann T. Carl

Ed McMahan

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

Jeanne Y. Russell

R. Rodney Howell, M.D.

Charles D. Schoor, Esq.

Dave Hutton

*Lois R. West
Chairman of the Board
President Emeritus

* Suzanne Lowden
Treasurer

OTHER OFFICERS

Gerald C. Weinberg
Senior Vice President &
Chief Operating Officer

Michael J. Galvin, CPA
Assistant Treasurer

Stephen P. Evans, CPA
Assistant Treasurer

Christina C. Kennedy
Assistant Secretary

Gail Schmertz Kerner, Esq.
Assistant Secretary