─2908 NOT-FOR-PROFIT CORPORATIONANNUAL REPORT (AR)

DOCUMENT # 703579 FILED 1. Entity Name Aug 21, 2008 08:00 AM Secretary of State MIAMI MULTIPLE SCLEROSIS ASSOCIATION, INC. Principal Place of Business Mailing Address 717 PONCE DE LEON BLVD 717 PONCE DE LEON BLVD SUITE 223 SUITE 223 **CORAL GABLES FL 33134** CORAL GABLES FL 33134 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 2nd MOORE CR2E037 (4/08) City & State City & State 4. FEI Number Applied For 59-0705947 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FERDIE, AINSLEE R Street Address (P.O. Box Number is Not Acceptable) 717 PONCE DE LEON BLVD SUITE 223 CORAL GABLES FL 33134 City 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. U00000958135 08/21/08-80005-007 61.25 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Reg stered Agent signature required when reinstating) CATE FILE NOW: FEE IS \$61.25 Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By September 3, 2008 Added to Fees Florida Department of State 10 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE Change Addition FERDIE, AINSLEE R 717 PONCE DE LEON BLVD STE 223 STREET ADDRESS STREET ADDRESS CORAL GABLES FL CITY - ST - ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME SCHWARTZ, IDA 610 SW 21ST RD STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Πιε Change Addition NAME RITTER, MRS. WILLIAM NAME 511 BAY SHORE DR STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME SEGALL, MRS. SIDNEY NAME STREET ADDRESS 5831 NE 6TH CT STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete THILE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 leport 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

Timila

Feeder

08-15-08 (305)445-3557