

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jun 23, 2009
Secretary of State**

DOCUMENT# 703579

Entity Name: MIAMI MULTIPLE SCLEROSIS ASSOCIATION, INC.

Current Principal Place of Business:

717 PONCE DE LEON BLVD
SUITE 223
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

717 PONCE DE LEON BLVD
SUITE 223
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 59-0705947 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

FERDIE, AINSLEE R
717 PONCE DE LEON BLVD
SUITE 223
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: FERDIE, AINSLEE R
Address: 717 PONCE DE LEON BLVD STE 223
City-St-Zip: CORAL GABLES, FL

Title: D () Delete
Name: SCHWARTZ, IDA
Address: 610 SW 21ST RD
City-St-Zip: MIAMI, FL

Title: D () Delete
Name: RITTER, MRS. WILLIAM
Address: 511 BAY SHORE DR
City-St-Zip: FT LAUDERDALE, FL

Title: D () Delete
Name: SEGALL, MRS. SIDNEY
Address: 5831 NE 6TH CT
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AINSLEE R. FERDIE

VP

06/23/2009

Electronic Signature of Signing Officer or Director

_____ Date