

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703579

FILED
Jan 11, 2011
Secretary of State

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 ()

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: AINSLEE R. FERDIE

D

01/11/2011

Electronic Signature of Signing Officer or Director

Date