# FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 FEB 16 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**DOCUMENT # 808654 (8)**

1. Corporation Name
**MUSCULAR DYSTROPHY ASSOCIATION, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 3300 E. SUNRISE DRIVE<br>TUCSON AZ 85718 | 3300 E. SUNRISE DRIVE<br>TUCSON AZ 85718 |

3. Date Incorporated or Qualified: 08/22/1951
3a. Date of Last Report: 02/08/1994
4. FEI Number: 13-1665552 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 |
| City & State<br>23 | City & State<br>28 |
| Zip / Country<br>24 / 25 | Zip / Country<br>29 / 30 |

**9. Name and Address of Current Registered Agent**

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

**10. Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | PD | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | WEST, LOIS R | 1.2 NAME | |
| STREET ADDRESS | 3300 E. SUNRISE DRIVE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | TUCSON AZ | 1.4 CITY-ST-ZIP | |
| TITLE | CD | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | SMALL, S. MOUCHLY MD | 2.2 NAME | |
| STREET ADDRESS | 3300 E. SUNRISE DRIVE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | TUCSON AZ | 2.4 CITY-ST-ZIP | |
| TITLE | VC | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | BENZAK, LOUIS R | 3.2 NAME | |
| STREET ADDRESS | 3300 E. SUNRISE DRIVE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | TUCSON AZ | 3.4 CITY-ST-ZIP | |
| TITLE | V | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | ROSS, ROBERT | 4.2 NAME | |
| STREET ADDRESS | 3300 E. SUNRISE DRIVE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | TUCSON AZ | 4.4 CITY-ST-ZIP | |
| TITLE | T | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | BENNETT, ROBERT M | 5.2 NAME | |
| STREET ADDRESS | 3300 E. SUNRISE DRIVE | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | TUCSON AZ | 5.4 CITY-ST-ZIP | |
| TITLE | S | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | MASTERS, TIMMI | 6.2 NAME | |
| STREET ADDRESS | 3300 E. SUNRISE DRIVE | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | TUCSON AZ | 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** Ariel Wynn Assistant Secretary 2/8/95 (602) 529-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0074807

MUSCULAR DYSTROPHY ASSOCIATION, INC.

OFFICERS (*) AND MEMBERS OF THE BOARD OF DIRECTORS

May 14, 1994

National Office
3300 East Sunrise Drive
Tucson, Arizona 85718-3208

*Robert M. Bennett
Treasurer

*Louis R. Benzak
Vice Chairman of the
Executive Committee,
President Emeritus

John B. Branche, M.D.

Leon I. Charash, M.D.

William M. Clements

Harold C. Crump

John L. Dardenne, Jr., Esq.

Thomas R. Donahue

Jerald Friedman, Esq.

Arnold D. Gale, M.D.

David A. Gardner

R. Rodney Howell, M.D.

Terry Lee

*Timmi Masters
Secretary

*Robert Ross
Senior Vice President &
Executive Director

Tedde Scharf

*S. Mouchly Small, M.D.
Chairman of the
Executive Committee
President Emeritus

Carolyn R. Warner

Henry M. Watts, Jr.
President Emeritus

*Lois R. West
President

Bruce S. Wolff, Esq.

Victor R. Wright

Jerry Lewis
Honorary Member
Board of Directors

Robert Sampson
Director Emeritus

OTHER OFFICERS

Sylvester L. Weaver, Jr.
President Emeritus

Robert Linder
Assistant Treasurer

Ariel Wynn
Assistant Secretary

board1