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Jan 29 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **808654** (8)

1. Corporation Name

MUSCULAR DYSTROPHY ASSOCIATION, INC.

Principal Place of Business

**3300 E. SUNRISE DRIVE
TUCSON AZ 85718**

Mailing Address

**3300 E. SUNRISE DRIVE
TUCSON AZ 85718-3208**



3. Date Incorporated or Qualified
08/22/1951

3a. Date of Last Report
04/02/1996

2. Principal Place of Business

2a. Mailing Address

21 [Redacted]

26

Suite, Apt. #, etc.

23 City & State

27

City & State

24 Zip

Country

28 Zip

Country

30

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE
NAME **BENNETT, ROBERT M**
STREET ADDRESS **3300 E. SUNRISE DRIVE**
CITY-ST-ZIP **TUCSON AZ**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **C** ☒ DELETE
NAME **SMALL, S. MOUCHLY MD**
STREET ADDRESS **3300 E. SUNRISE DRIVE**
CITY-ST-ZIP **TUCSON AZ**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **Secretary**
2.3 STREET ADDRESS **Timmi Masters**
2.4 CITY-ST-ZIP **3300 East Sunrise Drive**
Tucson, AZ 85718-3208

TITLE **AC** ☐ DELETE
NAME **WEST, LOIS R**
STREET ADDRESS **3300 E. SUNRISE DRIVE**
CITY-ST-ZIP **TUCSON AZ**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **V** ☐ DELETE
NAME **ROSS, ROBERT**
STREET ADDRESS **3300 E. SUNRISE DRIVE**
CITY-ST-ZIP **TUCSON AZ**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **T** ☐ DELETE
NAME **WRIGHT, VICTOR R**
STREET ADDRESS **3300 E. SUNRISE DRIVE**
CITY-ST-ZIP **TUCSON AZ**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **AS** ☐ DELETE
NAME **WYNN, ARIEL**
STREET ADDRESS **3300 E. SUNRISE DRIVE**
CITY-ST-ZIP **TUCSON AZ**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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 *[Signature]* **Assistant Secretary**

CR2E037 (9/96)

MUSCULAR DYSTROPHY ASSOCIATION, INC.
OFFICERS (*) AND MEMBERS OF THE BOARD OF DIRECTORS
July 19, 1996

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

*Robert M. Bennett
President

Louis R. Benzak
President Emeritus

I. Charash, M.D.

Harold C. Crump

Joseph S. DiMartino

David A. Gardner

R. Rodney Howell, M.D.

*Timmi Masters
Secretary

*Robert Ross
Senior Vice President & Executive Director

Tedde Scharf

*S. Mouchly Small, M.D.
Chairman of the Executive Committee
President Emeritus
(deceased December 20, 1996)

Carolyn Warner

*Lois R. West
Vice Chairman of the Executive Committee
President Emeritus

*Victor R. Wright
Treasurer

Jerry Lewis
Honorary Member
Board of Directors

OTHER OFFICERS

Robert Linder
Assistant Treasurer

Daniel Bereck
Assistant Treasurer

Ariel Wynn
Assistant Secretary

Gail Schmertz Kerner, Esq.
Assistant Secretary

POOR ORIGINAL