2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005 8:00 am
Secretary of State
02-03-2005 90042 030 ****70.00

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1. Entity Name
MUSCULAR DYSTROPHY ASSOCIATION, INC.

40012121

Principal Place of Business	Mailing Address
3300 E. SUNRISE DRIVE TUCSON, AZ 85718	3300 E. SUNRISE DRIVE TUCSON, AZ 85718

01192005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-1665552
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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.

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

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ROSS, ROBERT
STREET ADDRESS	3300 EAST SUNRISE DRIVE
CITY-ST-ZIP	TUCSON, AZ
TITLE	S
NAME	MASTERS, TIMMI
STREET ADDRESS	3300 E SUNRISE DR
CITY-ST-ZIP	TUCSON, AZ
TITLE	AC
NAME	WEST, LOIS R
STREET ADDRESS	3300 E. SUNRISE DRIVE
CITY-ST-ZIP	TUCSON, AZ
TITLE	SV
NAME	WEINBERG, GERALD
STREET ADDRESS	3300 EAST SUNRISE DRIVE
CITY-ST-ZIP	TUCSON, AZ
TITLE	T
NAME	WRIGHT, VICTOR R
STREET ADDRESS	3300 E. SUNRISE DRIVE
CITY-ST-ZIP	TUCSON, AZ
TITLE	AS
NAME	KENNEDY, CHRISTINA C
STREET ADDRESS	3300 E. SUNRISE DRIVE
CITY-ST-ZIP	TUCSON, AZ

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12. I 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 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 report 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: _____ **Stephen P. Evans** **Assistant Treasurer** 1/25/05 (520) 529-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #