

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2006 8:00 am**  
**Secretary of State**

04-14-2006 90127 017 \*\*\*\*70.00

**DOCUMENT # 808654**

1. Entity 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**

**40048010**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04072006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number  
**13-1665552**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ROSS, ROBERT</b> <b>3300 EAST SUNRISE DRIVE</b> <b>TUCSON, AZ</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>MASTERS, TIMMI</b> <b>3300 E SUNRISE DR</b> <b>TUCSON, AZ</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AC</b> <b>WEST, LOIS R</b> <b>3300 E. SUNRISE DRIVE</b> <b>TUCSON, AZ</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SV</b> <b>WEINBERG, GERALD</b> <b>3300 EAST SUNRISE DRIVE</b> <b>TUCSON, AZ</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>WRIGHT, VICTOR R</b> <b>3300 E. SUNRISE DRIVE</b> <b>TUCSON, AZ</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>Suzanne Lowden</b> <b>3300 East Sunrise Drive</b> <b>Tucson AZ 85718</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>KENNEDY, CHRISTINA C</b> <b>3300 E. SUNRISE DRIVE</b> <b>TUCSON, AZ</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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*

**Stephen P. Evans**  
**Assistant Treasurer**

*4/11/06*

**(520) 529-2000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



Fighting Neuromuscular Diseases

## ATTACHMENT

### NATIONAL HEADQUARTERS

3300 East Sunrise Drive, Tucson, AZ 85718-3299

Telephone (520) 529-2000 • Fax (520) 529-5300

Web: [www.mda.org](http://www.mda.org) • E-mail: [mda@mdausa.org](mailto:mda@mdausa.org)

The first nonprofit organization honored with the American Medical Association's **Lifetime Achievement Award** "for significant and lasting contributions to the health and welfare of humanity."

April 11, 2006

40048010  
#868654

Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Dear Sir/Madam:

Enclosed please find the following for the Muscular Dystrophy Association, Inc.:

1. Completed 2006 Corporation Annual Report for the Florida Department of State.
2. Check #1112081 in the amount of \$70 for the required \$61.25 filing fee and \$8.75 for a Certificate of Status.
3. Listing of officers and members of the Board of Directors.

Should you have any questions or need additional information, please contact me.

Sincerely,

Heather Golden  
Senior Accountant

HG/dpc

Enclosure

cc: J. McCormick  
A. Rudolph  
S. King-Poole  
M. Hodges  
S. Price  
E. Grimes

Return Receipt Requested  
7004 2510 0005 8463 5217

# ATTACHMENT

40048010

## MUSCULAR DYSTROPHY ASSOCIATION, INC. OFFICERS (\*) AND MEMBERS OF THE BOARD OF DIRECTORS

Elected July 15, 2005  
Revised - March 24, 2006

National Office  
3300 East Sunrise Drive  
Tucson, Arizona 85718-3299

#808654

Stanley H. Appel, M.D.

Jim Major

\*Robert M. Bennett  
Chairman of the Executive Committee  
Chairman Emeritus

\*Timmi Masters  
Secretary

Louis R. Benzak

Maureen McGovern

Jann T. Carl

Ed McMahon

Leon I. Charash, M.D.

\*Olin F. Morris  
Vice Chairman of the Executive Committee

Bart Conner

Christopher J. Rosa, Ph.D.

Harold C. Crump

\*Robert Ross  
President & CEO

Joseph S. DiMartino

Jeanne Y. Russell

R. Rodney Howell, M.D.

Charles D. Schoor, Esq.

Dave Hutton

\*Lois R. West  
Chairman of the Board  
President Emeritus

\* Suzanne Lowden  
Treasurer

### OTHER OFFICERS

Gerald C. Weinberg  
Senior Vice President &  
Chief Operating Officer

Michael J. Galvin, CPA  
Assistant Treasurer

Stephen P. Evans, CPA  
Assistant Treasurer

Christina C. Kennedy  
Assistant Secretary

Gail Schmertz Kerner, Esq.  
Assistant Secretary