

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18563

**Entity Name:** MULTIPLE SCLEROSIS FOUNDATION, INC.

**Current Principal Place of Business:**

6520 N. ANDREWS AVENUE  
FT. LAUDERDALE, FL 33309

**FILED**  
**Jun 06, 2023**  
**Secretary of State**  
**4307269391CC**

**Current Mailing Address:**

310 W 20TH STREET  
SUITE 300  
KANSAS CITY, MO 64108 US

**FEI Number: 59-2792934**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

*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

**Officer/Director Detail :**

Title EXECUTIVE DIRECTOR, ASST.  
SECRETARY  
Name MINNIS, KASEY  
Address 6520 N. ANDREWS AVENUE  
City-State-Zip: FT. LAUDERDALE FL 33309

Title PRESIDENT, DIRECTOR  
Name EADER, CHARLES  
Address 6520 N. ANDREWS AVENUE  
City-State-Zip: FT. LAUDERDALE FL 33309

Title S/D  
Name BLACKSTOCK, JOHN  
Address 6520 N. ANDREWS AVENUE  
City-State-Zip: FT. LAUDERDALE FL 33309

Title ASSISTANT TREASURER  
Name DAVIS, THOMAS  
Address 6520 N. ANDREWS AVENUE  
City-State-Zip: FT. LAUDERDALE FL 33309

Title DIRECTOR, VP  
Name SHALLOWAY, G. MARK  
Address 6520 N. ANDREWS AVENUE  
City-State-Zip: FT. LAUDERDALE FL 33309

Title DIRECTOR  
Name STEIN, GREGORY  
Address 6520 N. ANDREWS AVENUE  
City-State-Zip: FT. LAUDERDALE FL 33309

Title DIRECTOR  
Name SHEEHAN, WILLIAM  
Address 6520 N. ANDREWS AVENUE  
City-State-Zip: FT. LAUDERDALE FL 33309

Title TREASURER, DIRECTOR  
Name LAFLAMME, ELAINE J  
Address 6520 N. ANDREWS AVENUE  
City-State-Zip: FT. LAUDERDALE FL 33309

*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: THOMAS DAVIS**

**ASST. TREASURER**

**06/06/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date