

2022 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
May 03, 2022
Secretary of State
0137576374CC

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 P/D
Name SCHENCK, ERIC
Address 6520 N. ANDREWS AVENUE
City-State-Zip: FT. LAUDERDALE FL 33309

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

Title T/VP
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
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

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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

05/03/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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