

2014 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000005376

Entity Name: MAKE-A-WISH FOUNDATION OF AMERICA, INC.**Current Principal Place of Business:**4742 NORTH 24TH ST
STE 400
PHOENIX, AZ 85016**Current Mailing Address:**4742 NORTH 24TH ST
STE 400
PHOENIX, AZ 85016 US**FEI Number:** 86-0481941**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**REGISTERED AGENT SOLUTIONS, INC.
155 OFFICE PLAZA DR
STE A
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 D
Name ALLEN, EDWARD R
Address 4742 NORTH 24TH ST STE 400
City-State-Zip: PHOENIX AZ 85016

Title D
Name CROWLEY, JOHN F
Address 4742 NORTH 24TH ST STE 400
City-State-Zip: PHOENIX AZ 85016

Title D
Name EMMONS, JAY
Address 4742 NORTH 24TH ST STE 400
City-State-Zip: PHOENIX AZ 85016

Title D
Name LAWTON, DREW E
Address 4742 NORTH 24TH ST STE 400
City-State-Zip: PHOENIX AZ 85016

Title D
Name LUSSIER, PHILIP J
Address 4742 NORTH 24TH ST STE 400
City-State-Zip: PHOENIX AZ 85016

Title DIRECTOR
Name CLARK, DAVID M
Address 4742 NORTH 24TH ST
STE 400
City-State-Zip: PHOENIX AZ 85016

Title DIRECTOR
Name HAND, MARTIN J
Address 4742 NORTH 24TH ST
STE 400
City-State-Zip: PHOENIX AZ 85016

Title DIRECTOR
Name LAMB, ARTHUR J III
Address 4742 NORTH 24TH ST
STE 400
City-State-Zip: PHOENIX AZ 85016

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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: PAUL R. MEHLHORN**TREASURER & CFO****01/10/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name O'TOOLE, KEVIN P
Address 4742 NORTH 24TH ST
STE 400
City-State-Zip: PHOENIX AZ 85016

Title DIRECTOR
Name PARRETT, THOMAS M
Address 4742 NORTH 24TH ST
STE 400
City-State-Zip: PHOENIX AZ 85016

Title DIRECTOR
Name SCHUYLER, MATTHEW W
Address 4742 NORTH 24TH ST
STE 400
City-State-Zip: PHOENIX AZ 85016

Title DIRECTOR
Name VERNON, CARLA B
Address 4742 NORTH 24TH ST
STE 400
City-State-Zip: PHOENIX AZ 85016

Title DIRECTOR
Name YESTER, BRENDA K
Address 4742 NORTH 24TH ST
STE 400
City-State-Zip: PHOENIX AZ 85016

Title DIRECTOR
Name CATA, CARLOS F
Address 4742 NORTH 24TH ST
STE 400
City-State-Zip: PHOENIX AZ 85016

Title DIRECTOR
Name NEUMANN, SPENCER A
Address 4742 NORTH 24TH ST
STE 400
City-State-Zip: PHOENIX AZ 85016

Title DIRECTOR
Name PARKES-CIRIGNANO, SUSAN
Address 4742 NORTH 24TH ST
STE 400
City-State-Zip: PHOENIX AZ 85016

Title DIRECTOR
Name REARDON, MARTINE M
Address 4742 NORTH 24TH ST
STE 400
City-State-Zip: PHOENIX AZ 85016

Title DIRECTOR
Name STRATTON, DENE B JR.
Address 4742 NORTH 24TH ST
STE 400
City-State-Zip: PHOENIX AZ 85016

Title DIRECTOR
Name WHEADON, DAVID E MD
Address 4742 NORTH 24TH ST
STE 400
City-State-Zip: PHOENIX AZ 85016

Title CFO
Name MEHLHORN, PAUL R
Address 4742 NORTH 24TH ST
STE 400
City-State-Zip: PHOENIX AZ 85016

Title DIRECTOR
Name HART, G.J.
Address 4742 NORTH 24TH ST
STE 400
City-State-Zip: PHOENIX AZ 85016