

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001804

FILED  
Mar 23, 2009  
Secretary of State

Entity Name: MACULAR DEGENERATION FOUNDATION, INC.

**Current Principal Place of Business:**

1630 BOX STEP DRIVE  
HENDERSON, NV 89014 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 531313  
HENDERSON, NV 89053 US

**New Mailing Address:**

FEI Number: 65-0403437      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

BANKS, CHARLES  
2811 HAWTHORNE RD.  
TAMPA, FL 33611 US

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

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

**OFFICERS AND DIRECTORS:**

Title: DCF ( ) Delete  
Name: ALEKS, EDMUND  
Address: 1630 BOX STEP DR  
City-St-Zip: HENDERSON, NV 89014 US

Title: DVP ( ) Delete  
Name: KEITH, COLGAN  
Address: 1630 BOX STEP DR  
City-St-Zip: HENDERSON, NV 89014 US

Title: DPS ( ) Delete  
Name: TRAUERNICHT, BETTY J  
Address: 1630 BOX STEP DR  
City-St-Zip: HENDERSON, NV 89014 US

Title: DVPT ( ) Delete  
Name: ZAVALA, JULIE  
Address: 1630 BOX STEP DR  
City-St-Zip: HENDERSON, NV 89014 US

Title: D ( ) Delete  
Name: FILMER, PHILIP  
Address: 1630 BOX STEP DR  
City-St-Zip: HENDERSON, NV 89014 US

Title: D ( ) Delete  
Name: SEFTEL, DAVID  
Address: 1630 BOX STEP DR.  
City-St-Zip: HENDERSON, NV 89014

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DVPT (X) Change ( ) Addition  
Name: UTIGER, JULIE  
Address: 1630 BOX STEP DR  
City-St-Zip: HENDERSON, NV 89014 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JULIEUTIGER

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

DVPT

03/23/2009

\_\_\_\_\_  
Date