

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001804

FILED  
Jan 06, 2010  
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: DPS  
Name: TRAUERNICHT, BETTY  
Address: 1630 BOX STEP DR  
City-St-Zip: HENDERSON, NV 89014 US

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

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

Title: D  
Name: FILNER, PHILIP  
Address: 1630 BOX STEP DR  
City-St-Zip: HENDERSON, NV 89014 US

Title: D  
Name: SEFTEL, DAVID  
Address: 1630 BOX STEP DR  
City-St-Zip: HENDERSON, NV 89014 US

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: JULIE UTIGER

DVPT

01/06/2010

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

\_\_\_\_\_  
Date