

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000001804

**Entity Name:** MACULAR DEGENERATION FOUNDATION, INC.

**Current Principal Place of Business:**

1630 BOX STEP DRIVE  
HENDERSON, NV 89014

**Current Mailing Address:**

P.O. BOX 531313  
HENDERSON, NV 89053 US

**FEI Number:** 65-0403437

**Certificate of Status Desired:** No

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

BANKS, CHARLES  
2811 HAWTHORNE RD.  
TAMPA, FL 33611 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 DPT  
Name TRAUERNICHT, BETTY  
Address 1630 BOX STEP DR  
City-State-Zip: HENDERSON NV 89014

Title DVPS  
Name ZAVALA, JULIE  
Address 1630 BOX STEP DR  
City-State-Zip: HENDERSON NV 89014

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

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

*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 ZAVALA

**SECRETARY**

01/11/2017

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

\_\_\_\_\_  
Date