

2021 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

Title ASST. SECRETARY
Name SUNDSTROM, MARYBETH ESQ.
Address P.O. BOX 531313
City-State-Zip: HENDERSON NV 89053

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 A ZAVALA

SECRETARY

02/04/2021

Electronic Signature of Signing Officer/Director Detail

Date