

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2004 8:00 am
Secretary of State

07-12-2004 90023 033 ****61.25

DOCUMENT # N02000003592

1. Entity Name
ACTIVE DISABLED AMERICANS, INC.



Principal Place of Business
**225 UPPER MATECUMBE RD
KEY LARGO, FL 33037**

Mailing Address
**225 UPPER MATECUMBE RD
KEY LARGO, FL 33037**

54061519



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07092004

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number
APPLIED FOR 46-0481278

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NEALEY, MICHAEL
225 UPPER MATECUMBE RD
KEY LARGO, FL 33037**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent:

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

**Make check payable to -
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete
NAME **NEALEY, MICHAEL**
STREET ADDRESS **225 UPPER MATECUMBE RD**
CITY-ST-ZIP **KEY LARGO, FL 33037**

TITLE **DV** ☐ Delete
NAME **SHEA, PAULA**
STREET ADDRESS **88005 OVERSEAS HWY PLAZA 88 STE #17**
CITY-ST-ZIP **ISLAMORADA, FL 33036**

TITLE **DS** ☐ Delete
NAME **O'NEAL, CHAD**
STREET ADDRESS **225 UPPER MATECUMBE RD**
CITY-ST-ZIP **KEY LARGO, FL 33037**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Michael Nealey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/9/04 3054512102
Date Daytime Phone #