

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003592

Entity Name: ACTIVE DISABLED AMERICANS, INC.**Current Principal Place of Business:**225 UPPER MATECUMBE RD
KEY LARGO, FL 33037**Current Mailing Address:**225 UPPER MATECUMBE RD
KEY LARGO, FL 33037**FEI Number:** 46-0481278**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NEALEY, MICHAEL EDP
225 UPPER MATECUMBE RD
KEY LARGO, FL 33037 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	DP
Name	NEALEY, MICHAEL
Address	225 UPPER MATECUMBE RD
City-State-Zip:	KEY LARGO FL 33037

Title	DV
Name	HORGAN, HARRY
Address	7901 SW 50 CORT
City-State-Zip:	MIAMI FL 33143

Title	DS
Name	NEALEY, JOYCE
Address	225 UPPER MATECUMBE RD
City-State-Zip:	KEY LARGO FL 33037

Title	DT
Name	VASILLIS, STEVE
Address	140 SW 27 ROAD
City-State-Zip:	MIAMI FL 33129

Title	SECRETARY
Name	NICHOLE, RIDER
Address	4240 SW 11TH ST
City-State-Zip:	PLANTATION FL 33317

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: MICHAEL NEALEY**DP****03/22/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date