

**2019 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:** Yes**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	JOHANNING, DEAN
Address	225 UPPER MATECUMBE RD.
City-State-Zip:	KEY LARGO FL 33037

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

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

Title	DIRECTOR
Name	MUIR, JOHN
Address	225 UPPER MATECUMBE RD.
City-State-Zip:	KEY LARGO FL 33037

*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****DV****02/09/2019**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date