

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000007782

**FILED**  
**Feb 12, 2016**  
**Secretary of State**  
**CC5361549163**

**Entity Name:** AMERICAN DISABILITY ADVENTURES, INC.

**Current Principal Place of Business:**

2371 SW 351 HWY  
CROSS CITY, FL 32628

**Current Mailing Address:**

2371 SW 351 HWY  
CROSS CITY, FL 32628 US

**FEI Number:** 27-0668319

**Certificate of Status Desired:** No

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

SKINNER, SANDRA J  
2371 SW 351 HWY  
CROSS CITY, FL 32628 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:** SANDRA J SKINNER

02/12/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRES  
Name            SKINNER, ROY A  
Address        2371 SW 351 HWY  
City-State-Zip: CROSS CITY FL 32628

Title            TREASURER  
Name            SKINNER, SANDRA J  
Address        2371 SW 351 HWY  
City-State-Zip: CROSS CITY FL 32628

Title            SECRETARY  
Name            MCINTOSH, KRYSTAL  
Address        PO BOX 576  
City-State-Zip: SUMTERVILLE FL 33585

Title            VP  
Name            BLOMMEL, BILL  
Address        7940 CHASE RD  
City-State-Zip: LAKELAND FL 33810

Title            DIRECTOR  
Name            MCINTOSH, MARK  
Address        PO BOX 576  
City-State-Zip: SUMTERVILL FL 33585

*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:** ROY SKINNER

**PRESIDENT**

02/12/2016

Electronic Signature of Signing Officer/Director Detail

Date