

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000007782

FILED
Apr 24, 2015
Secretary of State
CC1817682264

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: Yes

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

04/24/2015

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: SUMTERVILL 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

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

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

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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

PRES

04/24/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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