

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 30, 2018
Secretary of State
CC7279396222

Entity Name: AMERICAN DISABILITY ADVENTURES, INC.

Current Principal Place of Business:

7940 CHASE RD
LAKELAND, FL 33810

Current Mailing Address:

P.O. BOX 730
KATHLEEN, FL 33849

FEI Number: 27-0668319

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BLOMMEL, MARGARET
7940 CHASE RD
LAKELAND, FL 33810 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 SECRETARY
Name MCINTOSH, KRYSTAL
Address PO BOX 576
City-State-Zip: SUMTERVILLE FL 33585

Title PRESIDENT
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 TREASURER
Name BLOMMEL, MARGARET
Address 7940 CHASE RD
City-State-Zip: LAKELAND FL 33810

Title VP
Name WARD, TRAVIS
Address 3948 SR 33
City-State-Zip: CLERMONT FL 34714

Title DIRECTOR
Name MEADOR, TRENT
Address P.O. BOX 1082
City-State-Zip: KATHLEEN FL 33849

Title OFFICER
Name HATFIELD, SUZANNE
Address 14082 MARINO DRIVE
City-State-Zip: ORLANDO FL 32832

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: MARGARET BLOMMEL

SECRETARY

04/30/2018

Electronic Signature of Signing Officer/Director Detail

Date