

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000007782

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

Title DIRECTOR
Name HOWARD, JOEY
Address 10254 MOORE ROAD
City-State-Zip: LAKELAND FL 33809

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

Title BOARD MEMBER
Name MOORE, JOHN
Address 3948 SR 33
City-State-Zip: CLERMONT FL 34714

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

05/17/2023

Electronic Signature of Signing Officer/Director Detail

Date