

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000003303

Entity Name: DISABLED VETERAN ATHLETES OF AMERICA, INC.

Current Principal Place of Business:

4801 LINTON BOULEVARD
SUITE 483
DELRAY BEACH, FL 33445

Current Mailing Address:

4801 LINTON BOULEVARD
SUITE 483
DELRAY BEACH, FL 33445

FEI Number: 46-2580307

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BLOCHER L, AWRENCE
5420 LAUREL OAK STREET
DELRAY BEACH, FL 33484 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 P
Name BLOCHER, LAWRENCE
Address 5420 LAUREL OAK STREET
City-State-Zip: DELRAY BEACH FL 33484

Title VP
Name BUCHHOLZ, HARVEY A
Address 18990 WEST DIXIE HIGHWAY
City-State-Zip: NORTH MIAMI BEACH FL 33180

Title SEC
Name SAVAGE, TAMARA
Address 5420 LAUREL OAK STREET
City-State-Zip: DELRAY BEACH FL 33484

Title TREA
Name BUCHHOLZ, S
Address 18990 WEST DIXIE HIGHWAY
City-State-Zip: NORTH MIAM BEACH FL 33180

Title DIR
Name LERMAN, MARC
Address 5927 HAYES STREET
City-State-Zip: HOLLYWOOD FL 33021

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: BUCHHOLZ,S

TREASURER

05/01/2014

Electronic Signature of Signing Officer/Director Detail

Date