

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19000007837

Entity Name: ABLED VETERANS OUTDOORS INC**Current Principal Place of Business:**5011 GATE PARKWAY
BUILDING 100 SUITE 100
JACKSONVILLE, FL 32256**Current Mailing Address:**5011 GATE PARKWAY
BUILDING 100 SUITE 100
JACKSONVILLE, FL 32256 US**FEI Number:** 84-2572072**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LEGALINC CORPORATE SERVICES INC.
5237 SUMMERLIN COMMONS SUITE 400
FORT MYERS, FL 33907 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	D, PRESIDENT
Name	THOMAS, BRADLEY
Address	5011 GATE PARKWAY BLDG 100, STE 100
City-State-Zip:	JACKSONVILLE FL 32256

Title	D, TREASURER
Name	SMITH, RONALD
Address	5011 GATE PARKWAY BUILDING 100 SUITE 100
City-State-Zip:	JACKSONVILLE FL 32256

Title	D, VP
Name	LLOYD, JASON
Address	5011 GATE PARKWAY BUILDING 100 SUITE 100
City-State-Zip:	JACKSONVILLE FL 32256

Title	DIRECTOR, SECRETARY
Name	MATLOCK, MAURA
Address	5011 GATE PARKWAY BUILDING 100 SUITE 100
City-State-Zip:	JACKSONVILLE FL 32256

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: BRADLEY THOMAS

PRESIDENT

04/30/2021

Electronic Signature of Signing Officer/Director Detail_____
Date