

NOT-FOR-PROFIT CORPORATION
2007 ANNUAL REPORT (AR)

FILED

2007 SEP 20 PM 4:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N06 000006427*

1. Entity Name
America's Disabled Veterans



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
30645 Atlantic Ave
Suite, Apt. #, etc.
Daytona Beach Shores
City & State
Florida
Zip
32118 Country
USA

3. Mailing Address
Box Drawer 2054
Suite, Apt. #, etc.
City & State
Ormond Beach, Florida
Zip
32175-2054 Country
USA

CR2E037B (8/05)

4. FEI Number
68-0640464
Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name
Stephen James Pantazes
Street Address (P.O. Box Number is Not Acceptable)
3064 S. Atlantic Ave.
City
Daytona Beach Shores FL Zip Code
32118

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *S J Pantazes* *STEVE J. Pantazes* *8-31-07*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS \$61.25
Initial or Amended AR

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
President
NAME
STEPHEN JAMES PANTAZES
STREET ADDRESS
30645 ATLANTIC AVE.
CITY-ST-ZIP
DAYTONA BEACH FL 32118

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
800110064028
*09/28/07--01058--018 **70.00*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President
11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Treasurer

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *S J Pantazes* *Steve J. Pantazes* *8-31-07* *13861527-9470*