

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N06000006427

1. Entity Name

America's Disabled Veterans Corp.
~~Disabled Veterans of America-~~
~~US Disabled Veterans~~



Principal Place of Business

3064 S. ATLANTIC AVE., #7
DAYTONA BCH SHORES, FL 32118

Mailing Address

BOX DRAWER 2054
ORMOND BEACH, FL 32175-2054

FILED

08 SEP 16 PM 3:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09082008 No Chg-NP

CR2E037 (4/06)

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4. FEI Number

68-0640464

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PANTAZES, STEPHEN J
3064 S. ATLANTIC AVE.
DAYTONA BCH SHORES, FL 32118

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	Executive Director
NAME	Stephen James Pantazes
STREET ADDRESS	3064 S. Atlantic Ave. #7
CITY-ST-ZIP	Daytona Beach, FL 32118
TITLE	Deputy Director
NAME	Dr Reverend Mark E. Jackson DD
STREET ADDRESS	165 Sweetgum Lane
CITY-ST-ZIP	Port Orange, Florida 32129
TITLE	Deputy Director
NAME	RN Joanne Augustine
STREET ADDRESS	87 Benjamin Drive
CITY-ST-ZIP	Ormond Beach, FL 32176
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Stephen James Pantazes 9-5-08 (386) 767-5778

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/16/08