


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # N06000006427	
1. Entity Name <b>America's Disabled Veterans Corp.</b> <del>Disabled Veterans of America-</del> <del>US Disabled Veterans</del>	

**FILED**  
08 SEP 16 PM 3:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 3064 S. ATLANTIC AVE., #7 DAYTONA BCH SHORES, FL 32118	Mailing Address BOX DRAWER 2054 ORMOND BEACH, FL 32175-2054
--	---



09082008 No Chg-NP CR2E037(4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 68-0640464	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

8. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25</b> <b>Due by September 12, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
--	---

10. OFFICERS AND DIRECTORS

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

900135973579  
09/16/08--01032--019 \*\*70.00

**DO NOT WRITE  
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