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: STEPHEN PANTAZES

Electronic Signature of Signing Officer/Director Detail

09/19/2013 DIRECTOR/PRESIDENT

Date

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0600006427

Entity Name: AMERICA'S DISABLED VETERANS CORPORATION

Current Principal Place of Business:

MAIL= P. BOX 2911 246 PONCE DE LEON ORMOND BEACH, FL 32175

Current Mailing Address:

P.O.BOX 2911 ORMOND BEACH, FL 32175

FEI Number: 68-0640464

Name and Address of Current Registered Agent:

PANTAZES, STEVE J REV. MAIL= P. BOX 2911 246 PONCE DE LEON ORMOND BEACH, FL 32175 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	TURE: REVEREND STEVE PANTAZES			09/19/2013	
	Electronic Signature of Registered Agent			Date	
Officer/Director Detail :					
Title	REV.	Title	RN		
Name	PANTAZES, STEPHEN JREV.	Name	AUGUSTINE, JOANNE R.N.		
Address	MAIL= P. BOX 2911 246 PONCE DE LEON	Address	MAIL= P. BOX 2911 246 PONCE DE LEON		
City-State-Zip:	ORMOND BEACH FL 32175-2911	City-State-Zip:	ORMOND BEACH FL 32175		

Certificate of Status Desired: Yes

FILED Sep 19, 2013 Secretary of State CC6536198827