

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000006427

**Entity Name:** AMERICA'S DISABLED VETERANS CORPORATION**Current Principal Place of Business:**

MAIL= P. OFFICE BOX 2911-ORMOND BCH. FL.32175-2911  
3159 S. ATLANTIC AVE. BOX 2911-ORMOND BCH. FL. REAR  
ORMOND BEACH, FL 32175-2911

**Current Mailing Address:**

POST OFFICE BOX 2911-3159 REAR  
ORMOND BEACH, FL 32175-2911 US

**FEI Number:** 68-0640464**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**

ADVETERANS  
MAIL= P. BOX 2911-ORMOND BCH. FL 32175-2911  
ORMOND BEACH, FL 32175-2911 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:** STEPHEN JAMES PANTAZES

05/05/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	REVEREND	Title	RN
Name	PANTAZES, STEPHEN J. REVEREND	Name	AUGUSTINE, JOANNE RN
Address	MAIL= P. OFFICE BOX 2911-ORMOND BCH. FL.32175-2911 3159 S. ATLANTIC AVE. BOX 2911-ORMOND BCH. FL. REAR	Address	MAIL= P. OFFICE BOX 2911-ORMOND BCH. FL.32175-2911 3159 S. ATLANTIC AVE. BOX 2911-ORMOND BCH. FL. REAR
City-State-Zip:	ORMOND BEACH FL 32175-2911	City-State-Zip:	ORMOND BEACH FL 32175-2911

*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 J. PANTAZES

REVEREND

05/05/2014

Electronic Signature of Signing Officer/Director Detail

Date