

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000002681

Entity Name: AMERICAN DISABILITIES FOUNDATION, INC.**Current Principal Place of Business:**1117 S.W. 13TH PLACE
BOCA RATON, FL 33486**Current Mailing Address:**1117 S.W. 13TH PLACE
BOCA RATON, FL 33486**FEI Number:** 46-4699013**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**VAN VECHTEN, LOWELL
1117 S.W. 13TH PLACE
BOCA RATON, FL 33486 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:** LOWELL VAN VECHTEN

04/13/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title MANAGER DIRECTOR
Name SCHIMIDT, LIZ
Address 411 CHARLEY AVENUE
City-State-Zip: FORT LAUDERDALE FL 33312

Title VP
Name HANSEN, MARK
Address 6226 NW 84 TERR
City-State-Zip: PARKLAND FL 33067

Title VP
Name VAN VECHTEN, LOWELL
Address 1117 S.W. 13TH PLACE
City-State-Zip: BOCA RATON FL 33486

Title DIRECTOR
Name FULMER, INGRID
Address 2355 NW 41ST STREET
City-State-Zip: BOCA RATON FL 33431

Title DIRECTOR
Name WALSH, LORI
Address 824 ROYAL PALM WAY
City-State-Zip: BOCA RATON FL 33486

Title DIRECTOR
Name WILLIAMS, JANICE
Address 6099 NW 31ST TERRACE
APT. 408
City-State-Zip: BOCA RATON FL 33496

Title DIRECTOR
Name FOGEL, LEWIS
Address 6291 VIA VENETIA N
City-State-Zip: DELRAY BEACH FL 33484

Title TREASURER
Name SCAFFIDI, ROXANA
Address 316 SE 6TH AVENUE
City-State-Zip: DEERFIELD BEACH FL 33441

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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: CHRISTOPHER NOE

DIRECTOR

04/13/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name LE JEUNE, ELISSA
Address 9613 LANCASTER PLACE
City-State-Zip: BOCA RATON FL 33434

Title DIRECTOR
Name VOGEL, NADINE
Address 4740 S OCEAN BOULEVARD
 SUITE 505
City-State-Zip: BOCA RATON FL 33487

Title PRESIDENT
Name NOE, CHRISTOPHER
Address 6343 SKY SONG LANE
City-State-Zip: KNOXVILLE TN 37914

Title DIRECTOR
Name PETROCELLI, ELIZABETH
Address 17691 FOXGLOVE LANE
City-State-Zip: BOCA RATON FL 33487