2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2025
Secretary of State
6152316244CC

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 03/29/2025

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

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

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

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

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

Title	VP
Name	VAN VECHTEN, LOWELL
Address	1117 S.W. 13TH PLACE
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	LE JEUNE, ELISSA
Address	9613 LANCASTER PLACE
City-State-Zip:	BOCA RATON FL 33434

Title	DIRECTOR
Name	BOYLE, KELLY
Address	PO BOX 99
City-State-Zip:	BOCA RATON FL 33429

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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 A. NOE BOARD PRESIDENT 03/29/2025

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	BRODY, MICHAEL
Address	1117 S.W. 13TH PLACE
City-State-Zip:	BOCA RATON FL 33486