

2016 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, JAY
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:** JAY VAN VECHTEN

04/23/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

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

Title	TREASURER, SECRETARY
Name	AKE, JUDITH WATSON
Address	1050 SW 16TH STREET
City-State-Zip:	BOCA RATON FL 33486

Title	DIRECTOR
Name	HOFFMAN, JOSHUA
Address	1298 SW 8TH STREET
City-State-Zip:	BOCA RATON FL 33486

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

Title	DIRECTOR
Name	LUCA, JOHN
Address	6270 NW 41ST TERRACE
City-State-Zip:	COCONUT CREEK FL 33073

Title	DIRECTOR
Name	TIPPENHAUER, NADEGE ROBERTSON
Address	2565 N. OCEAN BLVD.
City-State-Zip:	BOCA RATON FL 33487

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: JUDITH WATSON AKE

SECRETARY

04/23/2016

Electronic Signature of Signing Officer/Director Detail

Date