2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2019
Secretary of State
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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 05/01/2019

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

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: LOWELL VAN VECHTEN TREASURER 05/01/2019

Electronic Signature of Signing Officer/Director Detail — Date