

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743261

**FILED
Apr 02, 2019
Secretary of State
4092500112CC**

Entity Name: THE KATHLEEN ANDERSON COMPREHENSIVE WORK CENTER, INC.

Current Principal Place of Business:

1095 BELLE AVE.
CASSELBERRY, FL 32708

Current Mailing Address:

1095 BELLE AVE.
CASSELBERRY, FL 32708 US

FEI Number: 59-1897707

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

RYAN, STEPHANIE J
1095 BELLE AVENUE
CASSELBERRY, FL 32708 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VC
Name SCHOENE, JOHN
Address 1095 BELLE AVE
City-State-Zip: CASSELBERRY FL 32708

Title TREASURER
Name HUGHES, SANDY
Address 1095 BELLE AVE.
City-State-Zip: CASSELBERRY FL 32708

Title CHAIRMAN
Name BUSH, JOHN
Address 1095 BELLE AVE.
City-State-Zip: CASSELBERRY FL 32708

Title OFFICER
Name BERKO, JIM
Address 1095 BELLE AVE.
City-State-Zip: CASSELBERRY FL 32708

Title SECRETARY
Name DIMPERIO, PAULA
Address 1095 BELLE AVE.
City-State-Zip: CASSELBERRY FL 32708

Title OFFICER
Name ESLINGER, ELISE
Address 1095 BELLE AVE.
City-State-Zip: CASSELBERRY FL 32708

Title OFFICER
Name HALL, STEVE
Address 1095 BELLE AVE.
City-State-Zip: CASSELBERRY FL 32708

Title OFFICER
Name NEAL, KEVIN
Address 1095 BELLE AVE.
City-State-Zip: CASSELBERRY FL 32708

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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: LISA GARBERS

CFO

04/02/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name RYAN, STEPHANIE J
Address 1095 BELLE AVE.
City-State-Zip: CASSELBERRY FL 32708

Title OFFICER
Name BRODEUR, CHRISTINA DALY
Address 1095 BELLE AVE.
City-State-Zip: CASSELBERRY FL 32708

Title OFFICER
Name HILTON, ERIC
Address 1095 BELLE AVE.
City-State-Zip: CASSELBERRY FL 32708

Title CFO
Name GARBERS, LISA DR.
Address 1095 BELLE AVE.
City-State-Zip: CASSELBERRY FL 32708

Title OFFICER
Name BRYAN, SHARON
Address 1095 BELLE AVE.
City-State-Zip: CASSELBERRY FL 32708

Title OFFICER
Name ABARCA, SOFIA
Address 1095 BELLE AVE.
City-State-Zip: CASSELBERRY FL 32708

Title OFFICER
Name DREASHER, JOHN
Address 1095 BELLE AVE.
City-State-Zip: CASSELBERRY FL 32708