

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743261

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	PRESIDENT
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	OFFICER
Name	BUSH, JOHN
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

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

Continues on page 2

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**FINANCE OFFICER****03/17/2020**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

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

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