

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743261

FILED
Feb 14, 2014
Secretary of State
CC8573678822

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

FEI Number: 59-1897707

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

COLOMBO, GEORGE
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: GEORGE COLOMBO

02/14/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name COLOMBO, GEORGE
Address 1095 BELLE AVE.
City-State-Zip: CASSELBERRY FL 32708

Title VPD
Name WILLIAMS, JOSEPH
Address 504 PRESSVIEW AVE.
City-State-Zip: LONGWOOD FL 32750

Title SD
Name SCHOENE, JOHN S
Address 5272 GARLANGER TRAIL
City-State-Zip: OVIEDO FL 32765

Title D
Name BUSH, JOHN
Address 21 TARPON CIRCLE
City-State-Zip: WINTER SPRINGS FL 32708

Title T
Name STRAND-SORRELL, RONALD
Address P.O. BOX 950473
City-State-Zip: LAKE MARY FL 32795-0473

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: JOHN S. SCHOENE

SECRETARY

02/14/2014

Electronic Signature of Signing Officer/Director Detail

Date