

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 743261

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

**FILED**  
**Apr 21, 2016**  
**Secretary of State**  
**CC4428446446**

**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:**

MANGUM, MICHELLE  
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: MICHELLE MANGUM**

**04/21/2016**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VPD  
Name MILLER, RICK  
Address 104 WILD ELM COURT  
City-State-Zip: SANFORD FL 32773

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

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

Title PRESIDENT  
Name MCCAULAIN, LISA  
Address 1095 BELLE AVE.  
City-State-Zip: CASSELBERRY FL 32708

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

*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 SCHOENE**

**SECRETARY**

**04/21/2016**

Electronic Signature of Signing Officer/Director Detail

Date