

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 743261 (0)

1. Corporation Name
THE KATHLEEN ANDERSON COMPREHENSIVE WORK CENTER, INC.



Principal Place of Business: **1095 BELLE AVE. CASSELBERRY FL 32708**
Mailing Address: **1095 BELLE AVE. CASSELBERRY FL 32708**

3. Date Incorporated or Qualified: **06/15/1978**
3a. Date of Last Report: **01/27/1995**
4. FEI Number: **59-1897707**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
Suite, Apt. #, etc.: **22**
City & State: **23**
Zip: **24** Country: **25**
Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent
**POE, WILLIAM H.
1095 BELLE AVENUE
CASSELBERRY FL 32708**

10. Name and Address of New Registered Agent
61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City **FL** **65** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	HICKS, THOMAS	
STREET ADDRESS	709 YOUNGSTOWN PKWY.	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	ZAUDTKE, TERRY	
STREET ADDRESS	157 MILL RUN DR.	
CITY-ST-ZIP	LAKE MARY FL	
TITLE	SO	<input checked="" type="checkbox"/> DELETE
NAME	ROBIN BUNCH	
STREET ADDRESS	2641 BEVERLY AVENUE	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	FERRONE, RICHARD J.	
STREET ADDRESS	900 WATERBURY LN.	
CITY-ST-ZIP	LONGWOOD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PRESIDENT/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Hicks, Thomas	
1.3 STREET ADDRESS	960 Southridge Trail	
1.4 CITY-ST-ZIP	Altamonte Springs, FL 32714	
2.1 TITLE	TREASURER/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Judge, Russell	
2.3 STREET ADDRESS	801 Douglas Av	
2.4 CITY-ST-ZIP	Altamonte Springs FL 32714	
3.1 TITLE	SECRETARY/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Jones, Keith	
3.3 STREET ADDRESS	390 N. Orange Av	
3.4 CITY-ST-ZIP	Orlando, FL 32802	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Russell Judge Treasurer
DATE: _____ DAYTIME PHONE #: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)