

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

Mailing Address

1095 BELLE AVE.
CASSELBERRY FL 32708

1095 BELLE AVE.
CASSELBERRY FL 32708



3. Date Incorporated or Qualified

06/15/1978

3a. Date of Last Report

01/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

POE, WILLIAM H.
1095 BELLE AVENUE
CASSELBERRY FL 32708

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME HICKS, THOMAS
STREET ADDRESS 709 YOUNGSTOWN PKWY.
CITY-ST-ZIP ALTAMONTE SPRINGS FL

☐ DELETE

TITLE PD
NAME ZAUDTKE, TERRY
STREET ADDRESS 157 MILL RUN DR.
CITY-ST-ZIP LAKE MARY FL

☒ DELETE

TITLE SO
NAME ROBIN BUNCH
STREET ADDRESS 2641 BEVERLY AVENUE
CITY-ST-ZIP WINTER PARK FL

☒ DELETE

TITLE VPD
NAME FERRONE, RICHARD J.
STREET ADDRESS 900 WATERBURY LN.
CITY-ST-ZIP LONGWOOD FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT/D
1.2 NAME Hicks, Thomas
1.3 STREET ADDRESS 960 Southridge Trail
1.4 CITY-ST-ZIP Altamonte Springs, FL 32714

☒ Change ☐ Addition

2.1 TITLE TREASURER/D
2.2 NAME JUDGE, Russell
2.3 STREET ADDRESS 801 Douglas Av
2.4 CITY-ST-ZIP Altamonte Springs FL 32714

☒ Change ☐ Addition

3.1 TITLE Secretary/D
3.2 NAME Jones, Keith
3.3 STREET ADDRESS 390 N. Orange Av
3.4 CITY-ST-ZIP Orlando, FL 32802

☒ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)