FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

743261

(0)

THE KATHLEEN ANDERSON COMPREHENSIVE WORK CENTER,

INC. Principal Place of Business Mailing Address 1095 BELLE AVE. CASSELBERRY FL 32708 1095 BELLE AVE. CASSELBERRY FL 32708-2961 2. Principal Place of Business 2a. Mailing Address

FILED Apr 28 1997 8:00am Secretary of State



_	Principal Place of Business			26	Mailing Address				4. FEI Number 59-1897707	pplied For		
21				26						39-1091101	lot Applicable	
L	Suite, Apt. #, etc.				Suite, Apt. #, etc.			}			Additional	
22	0:			27					Fee F	Required		
لــ ـــ,	City & State			<u> </u>	City & State)		May Be	
23		,		28	28					Trust Fund Contribu Added	to Fees	
. .,	Zip	Country			Zip Cou 19 30			o. This corporation has hability leading lightle tax didel		s. 199.032,		
24		26 Same and Address of Courset B			30			Florida Statutes Yes No				
9. Name and Address of Current Registered Agent							81	Name	10. Name and Address of New Registered Agent			
ł							of Ivalie					
POE, WILLIAM H.							82 Street Address (P.O. Box Number is Not Acceptable)					
1095 BELLE AVENUE												
CASSELBERRY FL 32708							83				l l	
							84	City		, 85 Zış	Code	
L_				_			[[•		FL \	}	
11	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 of the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation's board of directors. Learney accept the appointment of 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.												
SIG	SIGNATURE											
Signature, typod or printed name of registered agent and title if applicable (NOTE: flagistered Agent signature required when reinstalling) DATE												
12			OFFICERS AND	DIRE		13.				ADDITIONS/CHANGES TO OFFICERS AND DIRECTO		
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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated information indicated on this angular protein supplied and the information indicated on this angular protein supplied and the information indicated on this angular protein and their										Section 119.07(3)(i), Florida Statutes. I further certify that	t the	
	14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida platutes. 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 refusived by Chapter 617. Florida Statutes; and that my name											
appears in alock 12 or slock 13 il changed, or on an attachment with all address.												
SIGNATURE: WILLIAM HAT FOR SIGNING OFFICER OR DIRECTOR												
3	MINITE	₩	IGNATURE AND TYPED OR	PRINTE	D NAME OF SIGNING OFFICE	ER OR DIRECT	OB		<u> </u>	Date: Daving Phone	001227	