

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
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
4. FEI Number: 59-1897707
Applied For: Not Applicable

2. Principal Place of Business (21-24) and Mailing Address (2a-26) details including Suite, Apt. #, etc., City & State, Zip, and Country.

5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	President
NAME	HICKS, THOMAS	1.2 NAME	Robert Johnson
STREET ADDRESS	709 YOUNGSTOWN PKWY.	1.3 STREET ADDRESS	1200 APACHE DR
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	1.4 CITY-ST-ZIP	GENEVA FL 32732
TITLE	PD	2.1 TITLE	Vice President
NAME	ZAUDTKE, TERRY	2.2 NAME	Carol Stone
STREET ADDRESS	157 MILL RUN DR.	2.3 STREET ADDRESS	2075 ACKOLA Point
CITY-ST-ZIP	LAKE MARY FL	2.4 CITY-ST-ZIP	LONGWOOD FL 32779
TITLE	JUDGE, RUSSELL	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS	801 DOUGLAS AVE STE 107	3.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPGS FL	3.4 CITY-ST-ZIP	
TITLE	VPD	4.1 TITLE	Secretary
NAME	FERRONE, RICHARD J.	4.2 NAME	MARY Tobin
STREET ADDRESS	900 WATERBURY LN.	4.3 STREET ADDRESS	3377 Ohio Street
CITY-ST-ZIP	LONGWOOD FL	4.4 CITY-ST-ZIP	SANFORD FL 32773
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Handwritten Signature]* 03/17/98

CR2E037 (10/97)