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Mar 26, 1999 8:00 am
Secretary of State

03-26-1999 90016 010 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 743261

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

372142-90030-16



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt., etc.		26 Suite, Apt., etc.		06/15/1978	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-1897707	
24 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, ROBERT	1.2 NAME	
STREET ADDRESS	1200 APACHE DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	GENEVA FL 32732	1.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STONE, CAROL	2.2 NAME	
STREET ADDRESS	2075 ACKOLA POINT	2.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL 32779	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUDGE, RUSSELL	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	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOBIN, MARY	4.2 NAME	
STREET ADDRESS	3377 OHIO ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL 32773	4.4 CITY-ST-ZIP	
TITLE	Director <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William H. Poe	5.2 NAME	
STREET ADDRESS	639 Marlin Road	5.3 STREET ADDRESS	
CITY-ST-ZIP	Winter Springs FL 32708	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, with all officers like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 William H. Poe 3-22-99 407-699-4419

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2537 (11/98)