

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 10, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 743261**

1. Entity 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**



01052005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1897707**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**POE, WILLIAM H.  
1095 BELLE AVENUE  
CASSELBERRY, FL 32708**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	MOORE, CURTIS
STREET ADDRESS	209 MOCKING BIRD LANE
CITY-ST- ZIP	WINTER SPRINGS, FL 32708
TITLE	VPD
NAME	STONE, CAROL
STREET ADDRESS	2075 ACKOLA POINT
CITY-ST- ZIP	LONGWOOD, FL 32779
TITLE	SD
NAME	MOORE, CHUCK
STREET ADDRESS	109 MOCKINGBIRD LANE
CITY-ST- ZIP	WINTER SPRINGS, FL 32708
TITLE	D
NAME	POE, WILLIAM H
STREET ADDRESS	639 MARLIN RD
CITY-ST- ZIP	WINTER SPRINGS, FL 32708
TITLE	T
NAME	ZAUDTKE, TERRY
STREET ADDRESS	1117 E. ROBINSON ST
CITY-ST- ZIP	ORLANDO, FL 32801
TITLE	
NAME	
STREET ADDRESS	
CITY-ST- ZIP	

000000175376  
01/10/05-80048-014 70.00

**DO NOT WRITE  
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

Signature, typed or printed name of signing officer or director

Date

Daytime Phone #

01/06/05 407 699-4419