

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2008 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



01072008 No Chg-NP

CR2E037 (4/06)

4. FEI Number  
**59-1897707**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**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, 2008**

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 WILLIAMS, JOSEPH  
STREET ADDRESS 504 PRESSVIEW AVE.  
CITY-ST-ZIP LONGWOOD, FL 32750

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 KELSEY, ROY  
STREET ADDRESS 2300 E COLONIAL DR  
CITY-ST-ZIP ORLANDO, FL 32803

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000735331  
01/28/08-80044-010 70.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

1-16-08