


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
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DO NOT WRITE IN THIS SPACE



01072008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1897707	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

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

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2008

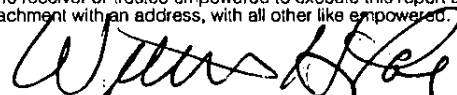
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOORE, CURTIS 209 MOCKING BIRD LANE WINTER SPRINGS, FL 32708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WILLIAMS, JOSEPH 504 PRESSVIEW AVE. LONGWOOD, FL 32750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MOORE, CHUCK 109 MOCKINGBIRD LANE WINTER SPRINGS, FL 32708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POE, WILLIAM H 639 MARLIN RD WINTER SPRINGS, FL 32708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KELSEY, ROY 2300 E COLONIAL DR ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000735331
 01/28/08-80044-010 70.00

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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