

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743261

FILED  
Jan 04, 2011  
Secretary of State

**Entity Name:** THE KATHLEEN ANDERSON COMPREHENSIVE WORK CENTER, INC.

**Current Principal Place of Business:**

1095 BELLE AVE.  
CASSELBERRY, FL 32708

**New Principal Place of Business:**

**Current Mailing Address:**

1095 BELLE AVE.  
CASSELBERRY, FL 32708

**New Mailing Address:**

FEI Number: 59-1897707

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: MOORE, CURTIS  
Address: 209 MOCKING BIRD LANE  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: VPD  
Name: WILLIAMS, JOSEPH  
Address: 504 PRESSVIEW AVE.  
City-St-Zip: LONGWOOD, FL 32750

Title: SD  
Name: MOORE, CHUCK  
Address: 109 MOCKINGBIRD LANE  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D  
Name: POE, WILLIAM H  
Address: 639 MARLIN RD  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: T  
Name: GRAHAM, JACK  
Address: 667 NIGHTHAWK CIRCLE  
City-St-Zip: WINTER SPRINGS, FL 32708

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM H. POE

D

01/04/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date