

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 19, 2003 8:00 am**  
**Secretary of State**

03-19-2003 90176 005 \*\*\*\*70.00

**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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1897707**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>MOORE, CURTIS</b>	
STREET ADDRESS	<b>209 MOCKING BIRD LANE</b>	
CITY-ST-ZIP	<b>WINTER SPRINGS FL 32708</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> Delete
NAME	<b>STONE, CAROL</b>	
STREET ADDRESS	<b>2075 ACKOLA POINT</b>	
CITY-ST-ZIP	<b>LONGWOOD FL 32779</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>JUDGE, RUSSELL</b>	
STREET ADDRESS	<b>801 DOUGLAS AVE STE 107</b>	
CITY-ST-ZIP	<b>ALTAMONTE SPGS FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>MOORE, CHUCK</b>	
STREET ADDRESS	<b>109 MOCKINGBIRD LANE</b>	
CITY-ST-ZIP	<b>WINTER SPRINGS FL 32708</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>POE, WILLIAM H</b>	
STREET ADDRESS	<b>639 MARLIN RD</b>	
CITY-ST-ZIP	<b>WINTER SPRINGS FL 32708</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Zaudtke, Terry</b>	
STREET ADDRESS	<b>1117 E. Robinson St.</b>	
CITY-ST-ZIP	<b>Orlando, FL 32801</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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]* **SIGNATURE REQUIRED** *03/17/2003 407 699-4419*

CR2E037 (10/02)