


FILE NOW: FILING FEE IS \$61.25

FILED  
May 19 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> Corporation Name: <u>Kat Cadogan Home For CHILDREN, INC.</u> <del>321 Baywood Ave.</del> <u>P.O. Box 5712</u> <u>Orlando, Florida 32855</u>			
Principal Place of Business <u>4003 Wendy Dr.</u> <del>1821 Baywood Ave.</del> <u>Orlando, FL 32808</u>		Mailing Address <del>1821 Baywood Ave.</del> <u>P.O. Box 5712</u> <u>Orlando, FL 32855</u>	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 <u>4003 Wendy Dr.</u>	26 <del>1821 Baywood Ave.</del>	<u>3/08/82</u>	
22 Suite, Apt. #, etc.	27 <del>P.O. Box 5712</del>	4. FEI Number	Applied For
		<u>59 2207112</u>	<input checked="" type="checkbox"/> Not Applicable
23 City & State	28 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
<u>Orlando FL</u>	<u>Orlando, FL 32855</u>	<input checked="" type="checkbox"/>	
24 Zip	25 Country	6. Election Campaign Financing	\$5.00 May Be Added to Fees
<u>32808</u>	<u>USA</u>	<input type="checkbox"/> Fund Contribution	
		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<u>Street, Lottie</u> <u>254 Domino Dr.</u> <u>Orlando, FL 32805</u>		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.			
SIGNATURE		DATE	
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	NAME		
STREET ADDRESS	STREET ADDRESS		
CITY-ST-ZIP	CITY-ST-ZIP		
<u>President</u>	<u>David Swinson Jr. Director</u>		
<u>Lottie E Street</u>	<u>125 Travis Lane</u>		
<u>254 Domino Dr.</u>	<u>Hewitt, Texas 76643</u>		
<u>Orlando, FL 32808</u>			
<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
	NAME		
	STREET ADDRESS		
	CITY-ST-ZIP		
<u>Director</u>	<u>Joan Christian</u>		
<u>Odell Dennis</u>	<u>2445 Tesora Ct</u>		
<u>2238 Oshkosh Dr</u>	<u>Kissimmee, FL 34744</u>		
<u>Orlando, FL</u>			
<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
	NAME		
	STREET ADDRESS		
	CITY-ST-ZIP		
<u>Velma Dennis</u>	<u>Nick Sandroni</u>		
<u>2238 Oshkosh Dr.</u>	<u>3316 Monika Circle</u>		
<u>Orlando, FL 32808</u>	<u>Orlando, FL 32812</u>		
<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
	NAME		
	STREET ADDRESS		
	CITY-ST-ZIP		
<u>Lottie E Street "P"</u>	<u>Steven Golub</u>		
<u>254 Domino Dr.</u>	<u>1142 Webster St</u>		
<u>Orlando, FL 32808</u>	<u>Orlando, FL 32804</u>		
<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
	NAME		
	STREET ADDRESS		
	CITY-ST-ZIP		
	<u>Penny Swinson</u>		
	<u>125 Travis Lane</u>		
	<u>Hewitt, TX. 76643</u>		
<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
	NAME		
	STREET ADDRESS		
	CITY-ST-ZIP		
	<u>000002197080</u>		
	<u>-06/02/97--01010--018</u>		
	<u>***70.00</u>		
14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE: <u>Lottie E Street President</u>		Date: <u>4/29/97</u>	Daytime Phone #: <u>295-9350</u>

CR2E037 (9/96)