

FILE NOW: FILING FEE IS \$61.25

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Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **762323** (4)
1. Corporation Name
KAT CADOGAN HOME FOR CHILDREN, INC.



Principal Place of Business 4003 WENDY DRIVE ORLANDO FL 32808 US	Mailing Address 4003 WENDY DRIVE ORLANDO FL 32808 US
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3. Date Incorporated or Qualified 03/08/1982
4. FEI Number 59-2207112
<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2. Principal Place of Business 21 4003 WENDY DR. Suite, Apt. #, etc. 22 City & State 23 ORLANDO, FL. Zip 24 32808	2a. Mailing Address 26 P.O. BOX 5712 Suite, Apt. #, etc. 27 City & State 28 ORLANDO, FL. Zip 29 32855 Country 30 ORANGE
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STREET, LOTTIE
254 DOMINO DR
ORLANDO FL 32805**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREET, LOTTIE E.	1.2 NAME	
STREET ADDRESS	254 DOMINO DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32805	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTIAN, JOAN	2.2 NAME	
STREET ADDRESS	2445 TESORO CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL 34744	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDRONI, NICK	3.2 NAME	
STREET ADDRESS	3316 MONIKA CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32812	3.4 CITY-ST-ZIP	
TITLE	O <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLUB, STEVEN	4.2 NAME	
STREET ADDRESS	1142 WEBSTER ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32804	4.4 CITY-ST-ZIP	
TITLE	O <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWINSON, PENNY	5.2 NAME	
STREET ADDRESS	125 TRAVIS LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	HEWITT TX 76643	5.4 CITY-ST-ZIP	
TITLE	DCH <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWINSON, DAVID JR	6.2 NAME	
STREET ADDRESS	125 TRAVIS LANE	6.3 STREET ADDRESS	
CITY-ST-ZIP	HEWITT TX 76643	6.4 CITY-ST-ZIP	

14. 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 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: **Lottie E. Street - President** **LOTTIE E. STREET PRESIDENT** **407-245-9350**

CR2E037 (10/97)