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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 762323

1. Corporation Name

KAT CADOGAN HOME FOR CHILDREN, INC.

Principal Place of Business

4003 WENDY DRIVE  
ORLANDO FL 32808  
US

Mailing Address

P.O. BOX 5712  
ORLANDO FL 32855  
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

03/08/1982

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-2207112

Applied For

☒ Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

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

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P  
NAME STREET, LOTTIE E.  
STREET ADDRESS 254 DOMINO DRIVE  
CITY-ST-ZIP ORLANDO FL 32805

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D  
NAME CHRISTIAN, JOAN  
STREET ADDRESS 2445 TESORO CT  
CITY-ST-ZIP KISSIMMEE FL 34744

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D  
NAME SANDRONI, NICK  
STREET ADDRESS 3316 MONIKA CIRCLE  
CITY-ST-ZIP ORLANDO FL 32812

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE O  
NAME GOLUB, STEVEN  
STREET ADDRESS 1142 WEBSTER ST  
CITY-ST-ZIP ORLANDO FL 32804

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE O  
NAME SWINSON, PENNY  
STREET ADDRESS 125 TRAVIS LANE  
CITY-ST-ZIP HEWITT TX 76643

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE DCH  
NAME SWINSON, DAVID JR  
STREET ADDRESS 125 TRAVIS LANE  
CITY-ST-ZIP HEWITT TX 76643

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 8, 1999 407-295-9350

Date

Daytime Phone #

CR2E037 (1/98)