

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 03, 2004 08:00 AM
Secretary of State**

DOCUMENT # 762323

1. Entity Name
KAT CADOGAN HOME FOR CHILDREN, INC.



Principal Place of Business
**4003 WENDY DR.
ORLANDO, FL 32808 US**

Mailing Address
**4003 WENDY DR.
ORLANDO, FL 32808 US**



01092004 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution.



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

000000152446
05/04/04-80085-024 70.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	STREET, LOTTIE E.
STREET ADDRESS	254 DOMINO DRIVE
CITY-ST-ZIP	ORLANDO, FL 32805
TITLE	M
NAME	SMITH, SKIP
STREET ADDRESS	1504 ORIOLE ST.
CITY-ST-ZIP	ORLANDO, FL 32803
TITLE	D
NAME	SANDRONI, NICK
STREET ADDRESS	3316 MONIKA CIRCLE
CITY-ST-ZIP	ORLANDO, FL 32812
TITLE	D
NAME	STREET, CHARLES
STREET ADDRESS	254 DOMINO DR.
CITY-ST-ZIP	ORLANDO, FL 32805
TITLE	D
NAME	NEWTON, PATREZA
STREET ADDRESS	1873 TIGERWOOD CT
CITY-ST-ZIP	ORLANDO, FL 32818
TITLE	MEM
NAME	HOLT, PATTY
STREET ADDRESS	3255 ORLANDO AVE, #10
CITY-ST-ZIP	WINTER PARK, FL 32789

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #