

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2005 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**



05162005 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 resigning)

DATE

**Filing Fee is \$61.25
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

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

U00000367474
05/18/05-80001-011 70.00

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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)(f), 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

Lottie E. Street 5/16/05

Daytime Phone #