


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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
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**DO NOT WRITE IN THIS SPACE**

FILED  
07 OCT -5 PM 2:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08132007 No Change NP CR 25037 (4/08)

**STATEMENT 2007**

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

*NDP*

6. Name and Address of Current Registered Agent

~~CHOUT~~, LEONARD *HOLT*  
4003 WENDY DR  
ORLANDO, FL 32808

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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 September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STREET, LOTTIE E. 254 DOMINO DRIVE ORLANDO, FL 32805 <i>President</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M SMITH, SKIP 1504 ORIOLE ST. ORLANDO, FL 32803 <i>Secretary</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANDRONI, NICK 3316 MONIKA CIRCLE ORLANDO, FL 32812 <i>Vice Pres</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STREET, CHARLES 254 DOMINO DR. ORLANDO, FL 32805 <i>Director</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000110482440  
10/08/07--01036--001 \*\*70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

6/13/07  
Date

Daytime Phone # \_\_\_\_\_