762323

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11/8/R

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Kat Cac	dogan For Children, Inc
DOCUMENT NUMBER: 1623	23
The enclosed Articles of Amendment and fee are s	ubmitted for filing.
Please return all correspondence concerning this m	atter to the following:
WK Penry Su (Name of C	Din SOn ontact Person)
Kat Cadagan H	ome For Children, Inc
4300 Wendy Dr	dress)
Orlando, Hori	da 32808 and Zip Code)
For further information concerning this matter, please Lovetta L Lockett - UK Penny Swinson (Name of Contact Person)	ase call: (407) 371-0939 at (254) 848-9359 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount made	payable to the Florida Department of State:
\$35 Filing Fee \$\ \tag{Satus}\$ Satus	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed) \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation of

Kat Cadagan Home For Children Inc
(Name of Corporation as currently filed with the Florida Dept. of State)
762323
(Document Number of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopte the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:
Name of New Registered Agent: WK Tenry Swinson
New Registered Office Address: (Florida street address)
OHando, Florida 32805 (City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.
Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary) Address Type of Action Title <u>Name</u> Nick Sandroni - 3316 Minita Circle OH F13200 BY Add Africa O Rodriguez 224 Domino Drive Orl 71 33605 boretta Lockett-6008 Foxthant trail Orl 76 3208 10 Add secretary WK Penny Sisinson, 291 Danino Dr. OH F1 36 SSI DOMINO Drive Orlando 71 32805 E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) Rodriquez was never voted in as president. He FCC has report of ID thost Drange County Shariff Dept case # done by

The date of each amendment(s) adoption:
Effective date if applicable: /// / / / / / / / / / / / / / / / / /
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
Dated /// /08 Signature Debigon of the board provident or other officer if directors
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, o other court appointed fiduciary by that fiduciary)
(Typed or printed name of person signing)
(Title of person signing)





This temporary, on-line, report has been created by the listed victim and submitted to the Orange County Sheriff's Office for review

Orange County Sheriff's Office 2500 W. Colonial Drive Orlando, FL 32804 407-836-4357

General Information

Incident Type

Identity Theft

Temporary Report Number

T08005938

Report Date

07/09/2008 03:53 PM

Reporting Person Information

Name

Lockett, Loretta

Employer Name

kat Cadogan Home for Children

Work Address

4003 West Wendy Drive N/A, Orlando, FL 32808, US

Work Phone

407-293-9765

Home Address

4003 Wendy Drive n/a, Orlando, FL 32808, US

Home Phone

407-293-9765

Email

ingodwetrust_2@yahoo.com

Race

Black

Ethnicity

Unknown

Sex

DOB

09/21/1942

Incident Information

Incident Location

254 Domino Drive, n/a, Orlando, FL 32805

Incident Time (start)

05/16/2008 11:00 AM

Incident Time (end)

05/16/2008 11:00 PM

Bank/Financial Institution

Location Type

1. Checks stolen on closed accounts, and used to for cash and or to buy things. Banks were, Southtrust, Colonial, Wachavia, and Suntrust, ACE,

amscot turned out to NSF.

2. Legal documents were stolen and used for illegal personal gain.

Property deeds. Business annual reports.

Incident Description

3. Forge signatures on legal documents, wrote NSF checks on personal

accounts and business.

4. Forge documents/ changed information on documents on business, Kat Cadogan Home For Children, without business knowledge. I am willing to testify and prosecute should a suspect be identified.

Print Report Close Window