2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State
01-16-2003 90137 034 ****70.00

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DOCUMENT # 762323

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

☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business	Mailing Address
4003 WENDY DR. ORLANDO FL 32808 US	4003 WENDY DR. ORLANDO FL 32808 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	4003 Wendy Dr. Suite, Apt. #, etc.
City & State	Orlando, fl. City & State
Zip / Country	32808 / USA Zip / Country

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	7. Name and Address of New Registered Agent
STREET, LOTTIE 254 DOMINO DR ORLANDO FL 32805	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P STREET, LOTTIE E. 254 DOMINO DRIVE ORLANDO FL 32805 President	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Smith, Zackary 4007 Wendy Dr. Orlando, fl. 32808 member	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D REDMOND, SARAH 4003 WENDY DR ORLANDO FL 32808	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Coes, Mavis h. 701 Arlington St. Orlando, fl. 32805 member	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SANDRONI, NICK 3316 MONIKA CIRCLE vice president ORLANDO FL 32812	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	McReynolds, Lynette 4823 Caserta Orlando fl 32809 member	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STREET, CHARLES assistant to Treasurer 254 DOMINO DR. ORLANDO FL 32805	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Smith, Skip 1504 Oriole St. Orlando, fl. 32803 secretary	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NEWTON, PATREZA 1873 TIGERWOOD CT ORLANDO FL 32818 Treasurer	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Tony Holt 325 S. Orlando Ave # 10 Winter Park, fl. 32789 member	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP HAWLEY, BRIDGET 4003 WENDY DR ORLANDO FL 32808	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Patty Holt 325 S. Orlando Ave # 10 Winter Park, fl. 32789 member	☐ Change ☒ Addition

CR2E037 (10/02)

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: Lottie SIGN HERE Street — 1/13/02 — 407 295-9350

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #