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Apr 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 743261 (0)
1. Corporation Name
THE KATHLEEN ANDERSON COMPREHENSIVE WORK CENTER, INC.



Principal Place of Business: 1095 BELLE AVE. CASSELBERRY FL 32708
Mailing Address: 1095 BELLE AVE. CASSELBERRY FL 32708

3. Date Incorporated or Qualified: 06/15/1978
4. FEI Number: 59-1897707
Applied For: Not Applicable

2. Principal Place of Business (21-24) and Mailing Address (2a-26) details including Suite, Apt. #, etc., City & State, Zip, and Country.

5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent: POE, WILLIAM H. 1095 BELLE AVENUE CASSELBERRY FL 32708

10. Name and Address of New Registered Agent (81-85) details including Name, Street Address, City, State (FL), and Zip Code.

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	HICKS, THOMAS	<input checked="" type="checkbox"/> DELETE	
STREET ADDRESS: 709 YOUNGSTOWN PKWY.	ALTAMONTE SPRINGS FL		
TITLE: PD	ZAUDTKE, TERRY	<input checked="" type="checkbox"/> DELETE	
STREET ADDRESS: 157 MILL RUN DR.	LAKE MARY FL		
TITLE: JUDGE, RUSSELL	801 DOUGLAS AVE STE 107	<input type="checkbox"/> DELETE	
STREET ADDRESS: ALTAMONTE SPGS FL			
TITLE: VPD	FERRONE, RICHARD J.	<input checked="" type="checkbox"/> DELETE	
STREET ADDRESS: 900 WATERBURY LN.	LONGWOOD FL		
TITLE: [Blank]	[Blank]	<input type="checkbox"/> DELETE	
NAME: [Blank]	[Blank]		
STREET ADDRESS: [Blank]	[Blank]		
CITY-ST-ZIP: [Blank]	[Blank]		
TITLE: [Blank]	[Blank]	<input type="checkbox"/> DELETE	
NAME: [Blank]	[Blank]		
STREET ADDRESS: [Blank]	[Blank]		
CITY-ST-ZIP: [Blank]	[Blank]		

1.1 TITLE: President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME: Robert Johnson	
1.3 STREET ADDRESS: 1200 APACHE DR	
1.4 CITY-ST-ZIP: GENEVA FL 32732	
2.1 TITLE: Vice President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME: Carol Stone	
2.3 STREET ADDRESS: 2075 ACKOLA POINT	
2.4 CITY-ST-ZIP: LONGWOOD FL 32779	
3.1 TITLE: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME: [Blank]	
3.3 STREET ADDRESS: [Blank]	
3.4 CITY-ST-ZIP: [Blank]	
4.1 TITLE: Secretary	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME: MARY TOBIN	
4.3 STREET ADDRESS: 3377 OHIO STREET	
4.4 CITY-ST-ZIP: SANFORD FL 32773	
5.1 TITLE: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME: [Blank]	
5.3 STREET ADDRESS: [Blank]	
5.4 CITY-ST-ZIP: [Blank]	
6.1 TITLE: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME: [Blank]	
6.3 STREET ADDRESS: [Blank]	
6.4 CITY-ST-ZIP: [Blank]	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Handwritten Signature] DATE: 03/17/98

CR2E037 (10/97)