

**FILED**

**Apr 19, 2004 08:00 AM**  
**Secretary of State**

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT # 743261**

1. Entity Name  
**THE KATHLEEN ANDERSON COMPREHENSIVE WORK CENTER, INC.**



Principal Place of Business      Mailing Address

1095 BELLE AVE.      1095 BELLE AVE.  
 CASSELBERRY, FL 32708      CASSELBERRY, FL 32708



04-152004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1897707</b>	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required

8. Name and Address of Current Registered Agent

**POE, WILLIAM H.  
 1095 BELLE AVENUE  
 CASSELBERRY, FL 32708**

**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 necessary) DATE

**Filing Fee is \$61.25  
 Due by May 1, 2004**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOORE, CURTIS 209 MOCKING BIRD LANE WINTER SPRINGS, FL 32708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD STONE, CAROL 2075 ACKOLA POINT LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MOORE, CHUCK 109 MOCKINGBIRD LANE WINTER SPRINGS, FL 32708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POE, WILLIAM H 639 MARLIN RD WINTER SPRINGS, FL 32708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ZAUDTKE, TERRY 1117 E. ROBINSON ST ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000118773  
 04/19/04-80073-019 70.00

**DO NOT WRITE 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)(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:**  **04/16/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR